



CONNECT

DME Provider Connect Portal Guide

September 2024

Confidential and Proprietary Information of Synapse Health

Simplify and modernize the home medical supply & equipment experience

- ✔ Streamlined ordering including eligibility and documentation requirements
- ✔ One accountable party from ordering through delivery and payment
- ✔ A network focused on service & quality

Prescriber Benefits



Simplifies eligibility, clinical appropriateness, and overall ordering; 84% reduction in order time

Quality & Reliability



Linear record of quality and service, and real-time updates on order status & delivery

National Scale

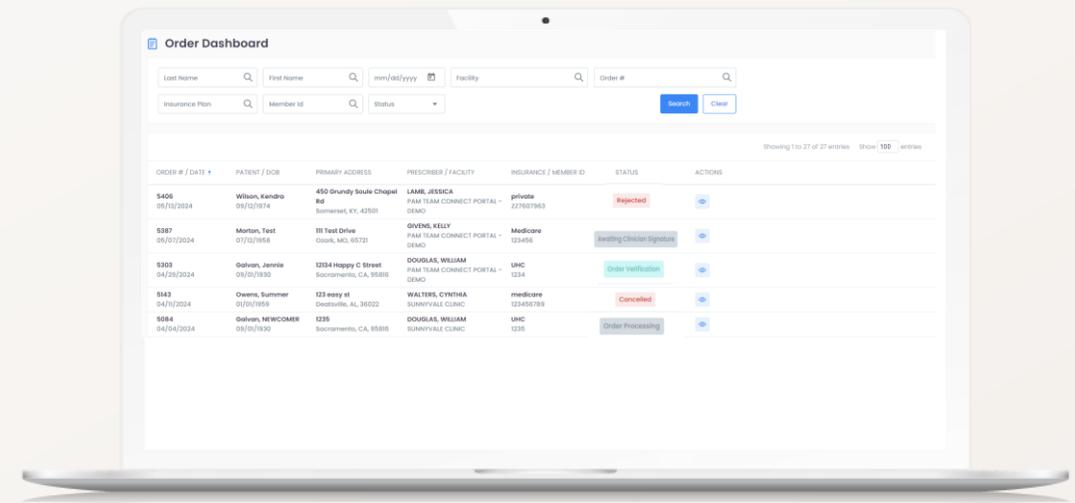


High-quality network of DME providers ensuring on-time and expedited delivery through our performance-based network



Unified ordering experience simplifies ordering process and provides real-time visibility.

- ⊙ Eliminates multiple phone calls and faxes into one, integrated electronic process.
- ⊙ Simplifies DME coordinators' ability to satisfy clinical and documentation requirements.
- ⊙ Integrates eligibility, benefit and coverage criteria into portal ordering process.
- ⊙ Generates qualified orders the first time, every time.



Staff Member Registration



Create Your Account

1. To create an account, click on the link below or visit:

<https://connect.synapsehealth.com/authorization/login>

2. Click on Create Account

3. Select the second option: Staff Member

4. Click on Next

The screenshot shows the Synapse Health login page. At the top left is the Synapse Health logo. Below it is the heading "Sign In" and a link "New Here? Create Account" which is highlighted with a green box and a blue arrow labeled "2". Below the heading are two input fields: "Username" and "Password". A blue "Sign In" button is positioned below the password field, and a link "Forgot Username?" is below it. To the right of the login form is a section titled "Tell us about yourself..." with the instruction "Choose your account type." There are two radio button options: "You are an Ordering Physician (NPI Required)" and "You are a Referral Source". Below these are two more radio button options: "You are a Staff Member assisting an Ordering Physician" (which is selected with a blue circle and highlighted with a green box and a blue arrow labeled "3") and "You are a Referral Source". Below the "Staff Member" option are three lines of text: "Create/Cancel DMEPOS orders.", "Request access to a physician's orders.", and "Access tools to help complete referrals." At the bottom of the "Tell us about yourself..." section are two buttons: "< Previous" and "Next >". The "Next >" button is highlighted with a green box and a blue arrow labeled "4".



Create Your Account

1. Click on 'Facility look-up'
2. Enter NPI Number and click 'Search'
3. Click the check box next to your 'NPI Number'
4. Simply click on 'Add'

Have questions or need support?
Contact Our Prescriber Team at:
1.888.33.MYDME (1.888.336.9363)

The screenshot shows a multi-step registration process. At the top, a progress bar indicates four steps: 1. Find Facility (Facility Look-up), 2. User name (Choose Your Login), 3. Verification (Verify Your Security), and 4. Done! (Complete registration). The main content area is titled 'Facility Look-up' and includes a sub-header 'Locate your facility (optional)'. Below this is a search form with fields for NPI Number (containing 1639126287), Facility Name, City, and State, and a 'Search' button. A callout '1' points to a 'Facility Look-up' button. Below the search form is a table of search results. The first result is for NPI 1639126287, with facility name 'SUNBRIDGE BRITTANY REHABILITATION CENTER LLC', address '3900 GARFIELD AVE CARMICHAEL, CA, 95608', phone '(916) 481-6455', and primary taxonomy 'Skilled Nursing Facility'. A callout '3' points to a checked checkbox next to the NPI number. A callout '2' points to the 'Search' button. A callout '4' points to an 'Add' button at the bottom right of the results table. A 'Clear' button is also visible.

NPI	NAME	PRIMARY PRACTICE ADDRESS	PHONE	PRIMARY TAXONOMY
1639126287	SUNBRIDGE BRITTANY REHABILITATION CENTER LLC	3900 GARFIELD AVE CARMICHAEL, CA, 95608	(916) 481-6455	Skilled Nursing Facility



Create Your Account

- 5. Fill in your First Name and Last Name
- 6. Choose a Username, enter your contact information and set a password then, click 'Next'
- 7. Complete the two-step verification and click 'Next'
- 8. Simply select the 'Click here' link to enter orders and check statuses in the Connect portal

You're all DONE!

Have questions or need support?
Contact Our Prescriber Team at:
1.888.33.MYDME (1.888.336.9363)

Choose Your Username

First Name* Last Name*

Username*

Email Address* Re-Enter Email Address* Mobile Number*

Password* Re-Enter Password*

Providing your contact information grants Synapse PDI the permission to notify you of the status of orders on which you are indicated as the signing physician.

Where would you like to receive your security code?

In order to maintain security of patient data it is required to identify yourself with a code sent to either your email address or your mobile device

Send me a code at

Send me a code at

✓ Lookup Find ME > ✓ User name Choose your login > ✓ Verification Verify Your Security > 4 Done! Complete registration

Signup Complete!

Your account is now active.
[Click here](#) to access your orders.



Order Entry



CONNECT



Signing into your account will lead to your landing page

Here you can start a new request, check status and update your account settings

1. Enter your Newly Created 'Username'
2. Enter your Newly Created 'Password'
3. Click on 'Sign In'
4. When Prompted click on 'Email or Text' to receive your 'Multi-Factor Authentication (MFA) code', Click on 'Next'
5. Enter your 'MFA Code'
6. Click on 'Next'

Sign In
New Here? [Create Account](#)

Username

Password

[Sign In](#) [Forgot Username?](#)

Where would you like to receive your security code?

In order to maintain security of patient data it is required to identify yourself with a code sent to either your email address or your mobile device

Send me a code at scXXXXXXXX.nXXXXXXXX@sXXXXXXXXXXXXX.XXXXXX

Send me a code at X16XXXXX72

[← Previous](#) [Next →](#)

Enter your security code

Please check your email or mobile security code and enter it below

Code

[Click to resend code](#)

[← Previous](#) [Next →](#)

Search for and select your prescriber (must be PECOS certified)

- New Request
- Drafts
- Orders
- User Management
- My Profile

The screenshot shows the 'New Request' form with a progress bar at the top: 1 Order (Patient and Products) -> 2 Verify (View Final Documents) -> 3 Done! (Submitted to Synapse Health). The 'Physician (Prescriber)' section has a 'Find Physician' button. A blue arrow points from this button to the 'NPI Search' modal. The modal contains input fields for NPI Number, First Name (william), Last Name (dugdale), City, and State. A 'Search' button is highlighted with a blue arrow. Below the input fields is a table of search results.

NPI	NAME	PRIMARY PRACTICE ADDRESS	PHONE	PRIMARY TAXONOMY
1992784235	DUGDALE, WILLIAM	809 WIMBLEDON CT SACRAMENTO, CA, 95864	(916) 971-1253	Family Medicine



Review Order Details. Enter Requested Delivery or Discharge Date

New Request

1 Order Patient and Products → 2 Verify View Final Documents → 3 Done! Submitted to Synapse Health

Physician (Prescriber) [Find Physician](#)

NEWCOMER, AMANDA NP-C [NPI: 1083161475](#)

Mailing Address	Primary Practice Address
3100 MACCORKLE AVE SE CHARLESTON, WV, 25304	3100 MACCORKLE AVE SE CHARLESTON, WV, 25304
Phone: (304) 388-5395 Fax: (304) 388-5398	Phone: (304) 388-5395 Fax: (304) 388-5398

Location

TEST Synapse Facility 1 TEST

Address Details

1603 Orrington Avenue
Evanston, IL 60201

Phone: (916) 202-7472
Fax:

Order Details

Created By
Tiffany Sheppard 09/05/2024

Email Address
tiffany.sheppard@synapsehealth.com

Phone **Fax**
(916) 202-7472

Infectious Disease

Requested Delivery Date *

09/26/2024

Is the patient discharging from a Hospital or Skilled Nursing Facility? *

No Yes



Enter member's insurance information

Up to 3 plans can be entered

- New Request
- Drafts
- Orders
- User Management
- My Profile

Insurance / Eligibility

Primary Insurance

Bill To
Insurance

Payer*
Payer

- AARP Medicare Supplement by UnitedHealthcare
- UnitedHealthcare Community Plan
- UnitedHealthcare
- All United Medical Group
- Choice Physicians Network All United Medical Group
- GUT Management - CAC United
- Hill Physicians United Healthcare PPO

Check Eligibility

Additional Insurance *

Secondary Insurance

Do you want to add a Secondary insurance?*

Yes No

Tertiary Insurance

Do you want to add a Tertiary insurance?*

Yes No



Eligibility ran once you click 'Check Eligibility'

Letting you know patient eligibility status in real-time

Insurance / Eligibility

Primary Insurance

Bill To
Insurance

Payer *
UnitedHealthcare

Member ID *
1234

Last Name *
Deo

First Name *
John

Date of Birth *
09/01/1930

Check Eligibility

Insurance / Eligibility

Primary Insurance **Added Successfully ✓**

Primary Insurance Details

Subscriber	Patient	Plan Type/Payer/Plan/Member ID	Effective
Deo, John 123 Test Street Avondale Estates GA 30002 09/01/1930 MALE	SELF	COMMERCIAL UNITEDHEALTHCARE UNITED HEALTHCARE 1234 Group	- Current



Enter patient demographics and contact information (Any section denoted with an * must be filled in as a required field)

- New Request
- Drafts
- Orders
- User Management
- My Profile

Patient

Last Name *	First Name *	Middle Name	
<input type="text" value="Test"/>	<input type="text" value="Test"/>	<input type="text" value="Middle Name"/>	
Gender *	Height *	Weight *	Primary Language
<input type="text" value="MALE"/>	<input type="text" value="Inches"/>	<input type="text" value="Lbs"/>	<input type="text" value="Language"/>
Date of Birth *	SSN#	Home phone	Contact phone *
<input type="text" value="06/06/1960"/>	<input type="text" value="SSN#"/>	<input type="text" value="+1(____) _____"/>	<input type="text" value="+1(____) _____"/>
Address *	Zip *	City *	State *
<input type="text" value="Address 1"/>	<input type="text" value="30002"/>	<input type="text" value="Avondale Estates"/>	<input type="text" value="GA"/>
Address 2	Email Address		
<input type="text" value="Address 2"/>	<input type="text" value="Email Address"/>		

Emergency Contact

First Name	Last Name	Phone
<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="+1(____) _____"/>



Confirm patient delivery address and contact info

(Add any special instructions, gate code or hours in the delivery notes box)

- New Request
- Drafts
- Orders
- User Management
- My Profile

Patient

Last Name* First Name* Middle Name

Gender* Height* Weight* Primary Language

Date of Birth* SSN# Home phone Contact phone*

Address* Zip* City* State*

Address 2 Email Address

Emergency Contact

First Name Last Name

Deliver To [Copy Patient Address](#) [Copy Facility Address](#)

Name*

Address* Zip* City* State*

Address 2 Home Phone Contact Phone* Contact Email

Delivery Notes

Search by product type(s) to add to your order

- New Request
- Drafts
- Orders
- User Management
- My Profile

Category

Wheelchairs Manual and Heavy Duty

Wheelchairs Power

Wound Care and Surgical Dressings

Replacement Items for Patient OWNED Products

Prior-Authorization Orders

FOR TESTING PURPOSES ONLY

Product Selection

Search by category

Category

All

All



Bathing, Living Aids and Toileting Items



Beds and Support Surfaces



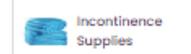
Breast Pumps



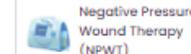
Canes, Crutches and Walkers



Diabetes



Incontinence Supplies



Negative Pressure Wound Therapy (NPWT)



Nutrition



Ostomy Supplies



Patient Lifts



Pediatric Products



Pneumatic Compressors and Appliances



Respiratory



Respiratory Assist Devices (RAD)



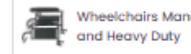
TENS Units



Urological Supplies



Ventilation Devices



Wheelchairs Manual and Heavy Duty



Wheelchairs Power



Wound Care and Surgical Dressings



Replacement Items for Patient OWNED Products



Prior-Authorization Orders



Configure items as needed

Ability to customize the order to fit your patient's needs

- New Request
- Drafts
- Orders
- User Management
- My Profile

Product

Hemi-Height Wheelchair v4.18.24

- Configuration
Setup Equipment Parameters
- Quantity and Frequency
View and Set Prescription
- Diagnosis
Provide Patient Diagnosis
- Documents
Provide Any Documents Needed

Configuration

Length of Need (LON)*
99 months

Hemi-Height Wheelchair v4.18.24
Up To 250 Pounds

16 in Standard Hemi Wheelchair 18 in Standard Hemi Wheelchair 20 in Standard Hemi Wheelchair

Wheelchair Accessories

- Foot Rest/Leg Rest Accessories
- Safety Items
- Back Cushions

Next →

Simple, visual options to guide you.

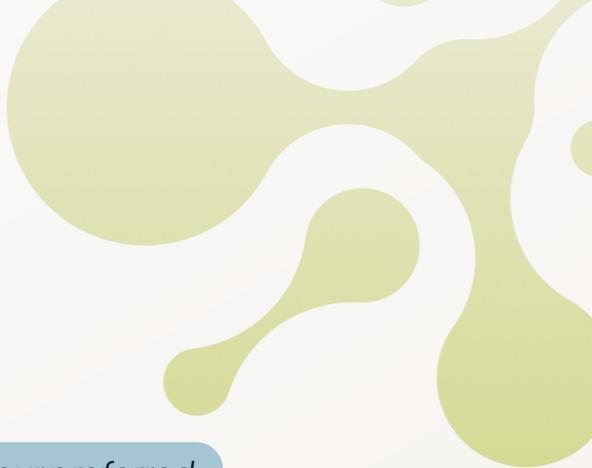
Wheelchair Accessories

- Foot Rest/Leg Rest Accessories
- Safety Items
- Back Cushions
- Seat Cushions



DME provider selection and manufacturer request

Ability to customize the order to fit your patient's needs



Product

Hemi-Height Wheelchair

- Configuration
Setup Equipment Parameters
- Quantity and Frequency
View and Set Prescription
- Diagnosis
Provide Patient Diagnosis
- Documents
Provide Any Documents Needed

16 in Standard Hemi Wheelchair

18 in Standard Hemi Wheelchair

20 in Standard Hemi Wheelchair

Wheelchair Accessories

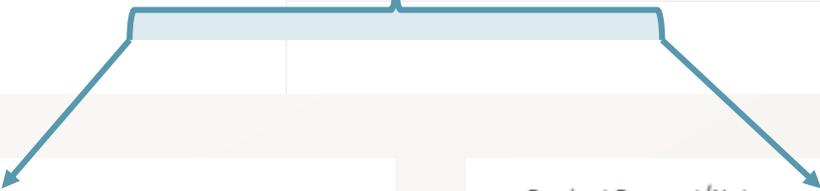
- Foot Rest/Leg Rest Accessories
- Safety Items
- Back Cushions
- Seat Cushions

Product Request/Notes

Product Request/Notes

Next →

Request your preferred provider or manufacturer to fulfill your order.



Product Request/Notes

Route to Vendor : *****

Product Request/Notes

Brand Request: *****



Quantity and frequency

Review and confirm selected items to ensure quantities are correct

- New Request
- Drafts
- Orders
- User Management
- My Profile

Product ✕

Hemi-Height Wheelchair v4.18.24

- Configuration
Setup Equipment Parameters
- Quantity and Frequency**
View and Set Prescription
- Diagnosis
Provide Patient Diagnosis
- Documents
Provide Any Documents Needed

Selected Products

-  18 in Standard Hemi Wheelchair
1 Each / Month
-  Elevating Leg Rest - Pair
1
-  General use Seat Cushion =<22 in
1
-  Brake Extension, Each
2

[< Previous](#) [Next >](#)



Select Diagnosis

You can enter up to four (4) relevant diagnoses

- New Request
- Drafts
- Orders
- User Management
- My Profile

Product

Hemi-Height Wheelchair

- Configuration
Setup Equipment Parameters
- Quantity and Frequency
View and Set Prescription
- Diagnosis**
Provide Patient Diagnosis
- Documents
Provide Any Documents Needed

Add More Diagnosis Codes If Needed

- G82.5 - Quadriplegia
- G82.50 - Quadriplegia, unspecified
- G82.51 - Quadriplegia, C1-C4 complete
- G82.52 - Quadriplegia, C1-C4 incomplete
- G82.53 - Quadriplegia, C5-C7 complete
- G82.54 - Quadriplegia, C5-C7 incomplete
- R53.2 - Functional quadriplegia

Show 50 Entries

Enter name of diagnosis or ICD-10 code.

- Configuration
Setup Equipment Parameters
- Quantity and Frequency
View and Set Prescription
- Diagnosis**
Provide Patient Diagnosis
- Documents
Provide Any Documents Needed

Add More Diagnosis Codes If Needed

- G82.22 - Paraplegia, incomplete
- G82.5 - Quadriplegia
- G82.50 - Quadriplegia, unspecified
- G82.51 - Quadriplegia, C1-C4 complete
- G82.52 - Quadriplegia, C1-C4 incomplete
- G82.53 - Quadriplegia, C5-C7 complete
- G82.54 - Quadriplegia, C5-C7 incomplete

Show 50 Entries



Qualifying diagnosis code

The screenshot shows a software interface for managing product requests. On the left is a navigation sidebar with options: New Request, Drafts, Orders, User Management, and My Profile. The main area is titled 'Product' and shows details for 'Hemi-Height Wheelchair v4.18.24'. A sidebar on the left lists steps: Configuration, Quantity and Frequency, Diagnosis (highlighted), and Documents. The 'Diagnosis' section contains a search box and a list of three codes: G82.50, M17.11, and J44.0. A blue checkmark is next to the first code, and a blue arrow points from this checkmark to a callout box. The callout box contains the text: 'The blue check mark indicates the selected code(s) are valid and compliant with billing regulations.' At the bottom of the main area are 'Previous' and 'Next' buttons.

Product

Hemi-Height Wheelchair v4.18.24

- Configuration
Setup Equipment Parameters
- Quantity and Frequency
View and Set Prescription
- Diagnosis**
Provide Patient Diagnosis
- Documents
Provide Any Documents Needed

Add More Diagnosis Codes If Needed

Search and enter at least one diagnosis code

✓ Diagnosis requirements for this item have been met.

- ✓ G82.50 - Quadriplegia, unspecified
- M17.11 - Unilateral primary osteoarthritis, right knee
- J44.0 - Chronic obstructive pulmonary disease with (acute) lower respiratory infection

The blue check mark indicates the selected code(s) are valid and compliant with billing regulations.

< Previous Next >



Enter signing prescriber information

The prescriber will now receive notification of orders pending review and signature

- New Request
- Drafts
- Orders
- User Management
- My Profile

More Information Requested

The physician you have selected is not currently enrolled with Synapse Health. Please provide some contact information so we can be in touch with the provider on your behalf

Provider Email Address: DoctorWho@MD.com

Provider Phone: +1(916) 202 747:

I certify that I am authorized to provide this information on behalf of the signing provider who wants to receive text message notifications of the status of orders on which they are indicated as the signing physician from 773-358-1178 and 76139 at Synapse Health to the mobile number I provided above. Message frequency may vary. Message & data rates may apply. Reply HELP for help and STOP to Cancel. See [Text messaging Terms and Conditions, Terms and Conditions & Privacy Policy](#)

Continue



Answer insurance qualification questions and upload supporting documentation as requested

- New Request
- Drafts
- Orders
- User Management
- My Profile

Q&A

Item Name	LON	HCPCS	Status	Qty/Freq
Hemi-Height Wheelchair v4.18.24 18 in Standard Hemi Wheelchair	99 months	K0002 - Stnd hemi (low seat) whichr	Not completed	1 Each / Month
Foot Rest/Leg Rest Accessories				
Product Selection: Elevating Leg Rest - Pair		K0195 - Elevating wheelchair leg rests		1
Seat Cushions				
Product Selection: General use Seat Cushion = <22 in		E2601 - Gen w/c cushion width < 22 in		1
Safety Items				
Brake Extension, Each		E0961 - Wheelchair brake extension		2

Product Request/Notes:
No Product Request/Notes entered

[Click to Open Q&A](#)

[< Previous](#)

A 'red highlighted' box indicates the patient does not meet coverage qualifications.

Qualification

Has your patient had a face to face encounter within the last twelve (12) months?

Yes, please provide the date of the face to face encounter below No

Date of Encounter

05/21/2024

Why does the patient need a HEMI wheelchair?

The patient has a short stature and requires a low seat height (17-18 inches) The patient is unable to place their feet on the ground to propel a wheelchair and requires a low seat height (17 to 18 inches)

None of the above

The patient must require a lower seat height (17 to 18 inches) to qualify for a hemi wheelchair

Please utilize all patient documentation from your facility to complete Q & A section.

Review order detail and submit for final review

Validate order detail

- New Request
- Drafts
- Orders
- User Management
- My Profile

New Request

Order Patient and Products → **2** Qualification Answer some Questions → **3** Verify View and Sign Final Documents → **4** Done! Submitted to Synapse Health

Q&A

Item Name	LON	HCPCS	Status	Qty/Freq
Hemi-Height Wheelchair v4.18.24 18 in Standard Hemi Wheelchair	99 months	K0002 - Std hemi (low seat) whiclr	Completed	1 Each / Month
» Foot Rest/Leg Rest Accessories				
» Product Selection: Elevating Leg Rest - Pair				
» Seat Cushions				
» Product Selection: General use Seat Cushion = <22 in				
» Safety Items				
» Brake Extension, Each				

Product Request/Notes:
No Product Request/Notes entered

[Click to Open Q&A](#)

[← Previous](#) [Next →](#)



Review Standard Written Order

Validate order details

-  New Request
-  Drafts
-  Orders
-  User Management
-  My Profile

Review Documents

Please scroll to review the order.

Page
◀ 1 ▶
of 3
👤
🔍
🔍
📄


Order Date: 5/22/2024

Patient
EISENBEIS, CAROLYN
1995 FRANCISCAN WAY APT 117
WEST CHICAGO, IL, 60185
(916) 447-9041

Ordering Physician
UDDIN, SHAHAAB M.D.
NPI:1669764872
1850 STATE ST
NEW ALBANY, IN, 47150
(812) 944-7701

Insurance

Bill To: Insurance

	Primary:	Secondary:	Tertiary:
<p>Payor: Subscriber: Relation to Patient: Member ID: DOB:</p>	<p>Medicare A & B Eligibility (All States) EISENBEIS, CAROLYN SELF 9FC3H08CC8 12/05/1936</p>		

Order Details

Item Name	LON	HCPCS	Qty/Freq	Billing Units
Hemi-Height Wheelchair 18 in Standard Hemi Wheelchair	99 months	K0002	1 Each / Month	1 (1 Each)
Foot Rest/Leg Rest Accessories				
Safety Items				
Seat Cushions				
Product Selection : Elevating Leg Rest - Pair		K0195	1	1 (1 Pairs)
Brake Extension, Each		E0961	2	2 (1 Each)
Product Selection : General use Seat Cushion =<22 in		E2601	1	1 (1 Each)

Diagnosis Codes

G02.21 - Paraplegia, complete

UDDIN, SHAHAAB, M.D.
Prescriber Signature

Date



Review Face-to-Face and affirm accuracy

Submit to signing prescriber

- New Request
- Drafts
- Orders
- User Management
- My Profile

Face To Face Encounter Page 1 of 2

Patient Name: CAROLYN EISENBEIS Prescriber Name: SHAHAAB UDDIN M.D.
DOB: 12/06/1936 NPI: 1669784872
Height: 60 in.
Weight: 195 lbs.

Encounter:
Date of Encounter 05/21/2024
CAROLYN EISENBEIS is a 87-year-old female diagnosed with Paraplegia, complete. The patient's mobility was assessed due to the possible need for a wheelchair.

The patient has limited mobility due to their diagnosis. This is hindering the patient's ability to perform certain activities, including dressing, bathing, and the patient is unable to perform these daily living activities in a reasonable amount of time. The patient has a short stature and will require a wheelchair for home use that has a low seat height. An appropriately low seat height is needed to ensure safe usage of a wheelchair. A cane or a walker would not be able to safely resolve the patient's impaired mobility.

A wheelchair is needed to improve the patient's mobility. While the patient may have difficulty operating a wheelchair alone, the caregiver is available, willing, and able to assist as needed. A wheelchair appropriate for the patient's weight will be selected and the patient's home is suitably equipped with room access, maneuvering space, and appropriate surfaces for a wheelchair.

Treatment plan:
The patient requires a hemi wheelchair to improve mobility in order to safely complete mobility-related activities daily of living. The appropriate wheelchair will be ordered and the patient is able and willing to use the wheelchair as prescribed.

Elevating legs rests are needed for the wheelchair as the patient has a musculoskeletal condition which prevents 90 degree flexion at the knee. The patient requires brake extensions for the wheelchair to improve leverage and ease of use of the braking system.

Diagnoses:
• Paraplegia, complete (G82.21)

Face To Face Encounter Page 2 of 2

Patient Name: CAROLYN EISENBEIS Prescriber Name: SHAHAAB UDDIN M.D.
DOB: 12/06/1936 NPI: 1669784872
Height: 60 in.
Weight: 195 lbs.

I certify that I am the treating clinician identified on this form. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information above contained herein is true, accurate and complete, to the best of my knowledge, and is consistent with the information contained in my clinical records for the Patient and/or in the Patient's permanent medical record. I understand that any falsification, omission, or concealment of material fact in that section with respect to any information contained herein may subject me to civil or criminal liability.

Prescriber Name: SHAHAAB UDDIN M.D. Date:
NPI: 1669784872 Prescriber's Signature:

Confirmation
 I hereby affirm to the best of my knowledge that the statements and selections made in regards to this patient's health and medical need accurately represents what is documented in the patient's medical record.

< Previous Submit for Signature



Order is now pending signature

- New Request
- Drafts
- Orders
- User Management
- My Profile

New Request

Order Patient and Products → Qualification Answer some Questions → Verify View and Sign Final Documents → **4** Done! Submitted to Synapse Health

Done!
Order# 5471

Your order has been sent to the prescriber for their signature.

You may begin a new order by [clicking here](#).

Questions? Contact us at (888) 336-9363 or by email at helpdesk@synapsehealth.com



Prescriber Review and Signature



Prescribers will receive both an email and text notification when a request for DME is submitted to Review, Sign or Reject

Attention: This email has originated from outside of the organization. Please ensure that the sender is a trusted source before responding.

Hello!

Order #5472 has been created by [redacted] requiring your signature.

Please [click here](#) to review and sign the order.

If you have any questions please reach out to our support staff at PAMteam@synapsehealth.com or (888)336-9363

Synapse Health Team



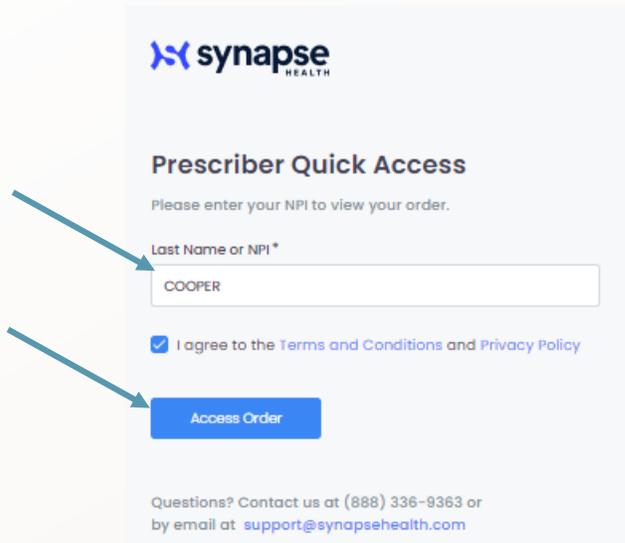
Synapse Health >

Synapse Health: A signature request has been made by Schenelle Newcomer on a DME order. To sign the order please proceed as a signing prescriber here <https://snpse.com/Gc973uXa44>. Text HELP for info, STOP to cancel. Msg&data rates may apply.

The text or email link will direct you to the Synapse Connect portal. You will be required to accept the access agreement.



Prescriber verifies identity by Last Name or NPI number and review documents



synapse HEALTH

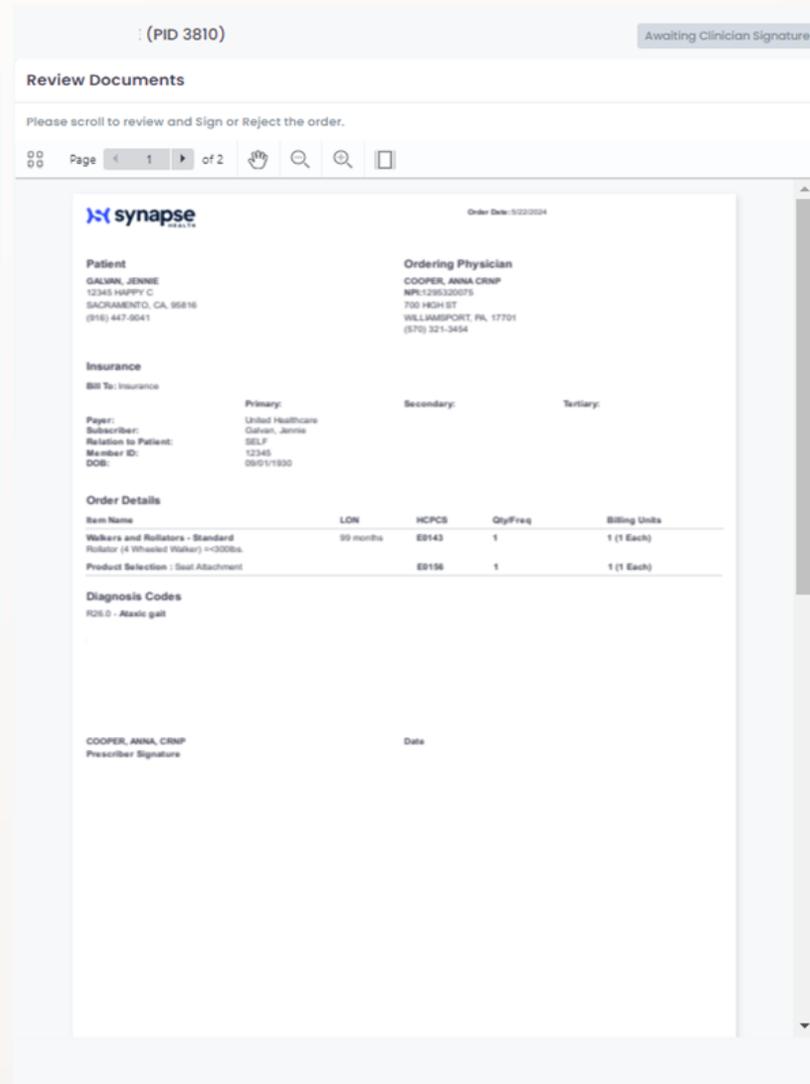
Prescriber Quick Access

Please enter your NPI to view your order.

Last Name or NPI*

I agree to the [Terms and Conditions](#) and [Privacy Policy](#)

Questions? Contact us at (888) 336-9363 or by email at support@synapsehealth.com



(PID 3810) Awaiting Clinician Signature

Review Documents

Please scroll to review and Sign or Reject the order.

Page 1 of 2



Order Date: 5/22/2024

Patient GALVAN, JENNIE 12345 HAPPY C SACRAMENTO, CA, 95816 (916) 447-8041	Ordering Physician COOPER, ANNA CRNP NPI: 1295320075 700 HIGH ST WILLIAMSPORT, PA, 17701 (570) 321-3454
--	---

Insurance

Bill To: Insurance	Primary: United Healthcare Galvan, Jennie	Secondary:	Tertiary:
Pager:	Subscriber: Galvan, Jennie		
Relation to Patient: SELF	Member ID: 12345		
DOB: 09/01/1930			

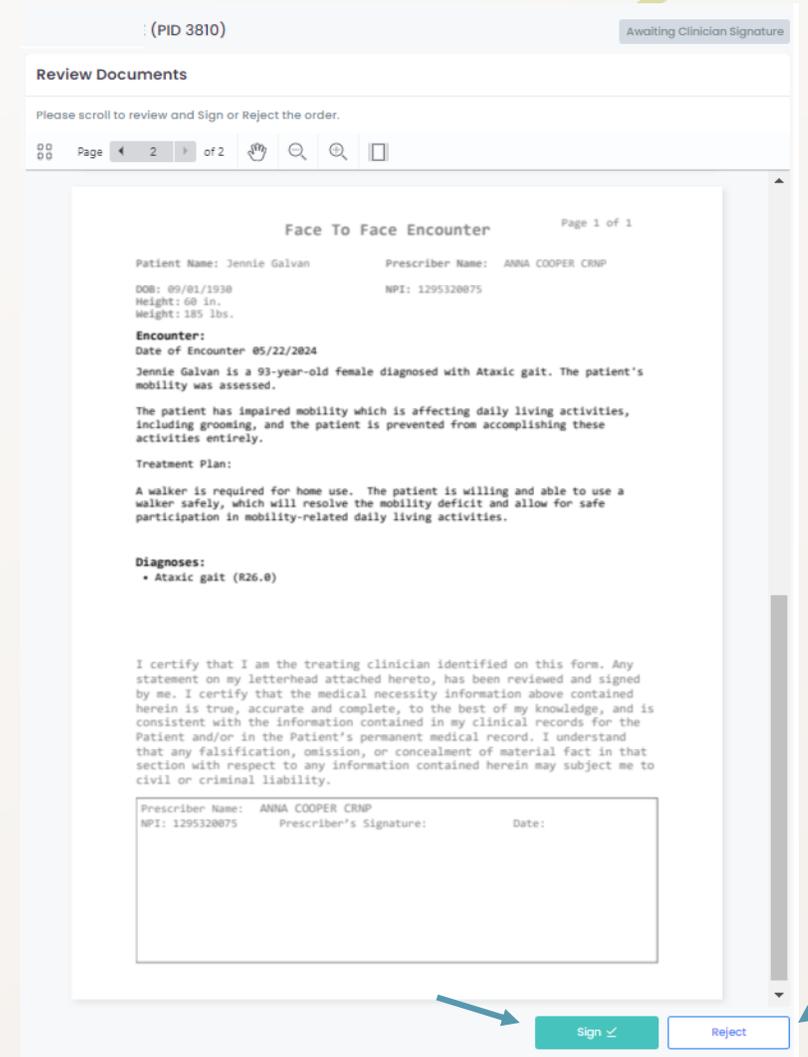
Order Details

Item Name	LON	HCPCS	Qty/Freq	Billing Units
Walkers and Rollators - Standard Rollator (4 Wheeled Walker) <=300lbs.	99 months	ED143	1	1 (1 Each)
Product Selection : Seat Attachment		ED156	1	1 (1 Each)

Diagnosis Codes

R26.0 - Ataxic gait

COOPER, ANNA, CRNP
Prescriber Signature _____ Date _____



(PID 3810) Awaiting Clinician Signature

Review Documents

Please scroll to review and Sign or Reject the order.

Page 2 of 2

Face To Face Encounter

Page 1 of 1

Patient Name: Jennie Galvan Prescriber Name: ANNA COOPER CRNP
DOB: 09/01/1930 NPI: 1295320075
Height: 60 in.
Weight: 185 lbs.

Encounter:
Date of Encounter 05/22/2024
Jennie Galvan is a 93-year-old female diagnosed with Ataxic gait. The patient's mobility was assessed.

The patient has impaired mobility which is affecting daily living activities, including grooming, and the patient is prevented from accomplishing these activities entirely.

Treatment Plan:
A walker is required for home use. The patient is willing and able to use a walker safely, which will resolve the mobility deficit and allow for safe participation in mobility-related daily living activities.

Diagnoses:
• Ataxic gait (R26.0)

I certify that I am the treating clinician identified on this form. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information above contained herein is true, accurate and complete, to the best of my knowledge, and is consistent with the information contained in my clinical records for the Patient and/or in the Patient's permanent medical record. I understand that any falsification, omission, or concealment of material fact in that section with respect to any information contained herein may subject me to civil or criminal liability.

Prescriber Name: ANNA COOPER CRNP
NPI: 1295320075 Prescriber's Signature: _____ Date: _____

Signing prescriber will need to accept and certify signature prior to signing documents

Signature

Sign Documents

I adopt the below signature as my electronic signature and understand it will be applied to the documents I have reviewed.

Confirmation

I certify I am the treating clinician identified on this form. I certify the information has been reviewed, verified, and confirmed as being accurate, complete, and consistent with the medical record. My electronic signature confirms my understanding that any falsification, omission, or concealment of material fact with regard to this information may subject me to civil and/or criminal liability.

Signature



synapse HEALTH Order Date: 5/22/2024

Patient
12345 HAPPY C
SACRAMENTO, CA, 95816
(916) 447-9041

Ordering Physician
COOPER, ANNA CRNP
NPI:1295320075
700 HIGH ST
WILLIAMSPORT, PA, 17701
(570) 321-3454

Insurance
Bill To: Insurance

Payer: United Healthcare
Subscriber: Galvan, Jennie
Relation to Patient: SELF
Member ID: 12345
DOB: 09/01/1930

Order Details

Item Name	LON	HCPCS	Qty/Freq	Billing Units
Walkers and Rollators - Standard	99 months	E0143	1	1 (1 Each)
Rollator (4 Wheeled Walker) =<300lbs.				
Product Selection : Seat Attachment		E0156	1	1 (1 Each)

Diagnosis Codes
R26.0 - Ataxic gait

Electronically signed by COOPER, ANNA,
NPI 1295320075 on 05/22/2024 at 03:14 pm CDT
IP Address 98.41.219.102

COOPER, ANNA, CRNP **Date**
Prescriber Signature



Signed prescription and comprehensive Face-To-Face finalized

Qualified order is now with Synapse for fulfillment Synapse will contact the patient for the next steps

synapse HEALTH Order Date: 5/22/2024

<p>Patient</p> <p>12345 HAPPY C SACRAMENTO, CA, 95816 (916) 447-9041</p>	<p>Ordering Physician</p> <p>COOPER, ANNA CRNP NPI:1295320075 700 HIGH ST WILLIAMSPORT, PA, 17701 (570) 321-3454</p>
---	---

Insurance			
Bill To: Insurance			
	Primary:	Secondary:	Tertiary:
Payer:	United Healthcare		
Subscriber:	Galvan, Jennie		
Relation to Patient:	SELF		
Member ID:	12345		
DOB:	09/01/1930		

Order Details

Item Name	LON	HCPCS	Qty/Freq	Billing Units
Walkers and Rollators - Standard Rollator (4 Wheeled Walker) =<300lbs.	99 months	E0143	1	1 (1 Each)
Product Selection : Seat Attachment		E0156	1	1 (1 Each)

Diagnosis Codes

R26.0 - Ataxic gait



Electronically signed by COOPER, ANNA,
NPI 1295320075 on 05/22/2024 at 03:14 pm CDT
IP Address 98.41.219.102

COOPER, ANNA, CRNP
Prescriber Signature

Date

Face To Face Encounter Page 1 of 1

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DOB: 09/01/1930	NPI: 1295320075
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Weight: 185 lbs.	

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Prescriber Name: ANNA COOPER CRNP	Date:	
NPI: 1295320075	Prescriber's Signature:	



Electronically signed by COOPER, ANNA,
NPI 1295320075 on 05/22/2024 at 03:14 pm CDT
IP Address 98.41.219.102



Status/Chat & Best Practices



Need assistance during your order entry?

Select 'Need Help' then select the appropriate subject. A live team member will assist promptly.

- New Request
- Drafts
- Orders
- User Management
- My Profile

Message Us

you. Please let us know how we may assist you today.

Sorry, I didn't receive any input from you. Please let us know how we may assist you today.

Sorry, I didn't receive any input from you. Please let us know how we may assist you today.

Synapse Health - 5:20 PM

- Submitting a New Order
- Received a Validation Request Error
- Modifying or Updating an Existing Order
- Status Request for an Existing Order
- New Access Request or Password Reset
- Other

Send a message...

The Connect portal is monitored 8am – 8pm EST.

Need help?

Need help?



Use the 'Save as Draft' feature anytime you need to step away to save your order(s) at any time

- New Request
- Drafts 
- Orders
- User Management
- My Profile

New Request

1 Order Patient and Products → 2 Qualification Answer some Questions → 3 Verify View and Sign Final Documents → 4 Done! Submitted to Synapse Health

Physician (Prescriber) [Find Physician](#)

FAGAN, ASHLEY DO **NPI: 1033423496**

Mailing Address	Primary Practice Address
1280 S MAIN ST STE 100 GRAPEVINE, TX 76051	1280 S MAIN ST STE 100 GRAPEVINE, TX 76051
Phone: (817) 310-0898 Fax: (817) 310-5524	Phone: (817) 310-0898 Fax: (817) 310-5524

Order Details

Created By Newcomer, Schenelle	Created Date 11/13/2023
Organization Walnut Whitney Care Center	
Facility* Walnut Whitney Facility 1 	
123 Any Street Carmichael, CA 95608	
Phone: 6303120684	

Save as Draft 

- Order Details >
- Insurance >
- Patient >
- Diagnosis Codes >
- Deliver To >
- Product Selection >
- Documents >



Our Portal flags any area in the referral that is missing a required element

Save as Draft

- Order Details >
- Insurance >
- Patient** ! <
- Diagnosis Codes >
- Deliver To** ! <
- Product Selection >
- Documents >

Patient

Last Name* First Name* Middle Name

Gender* Height* Weight* Primary Language

Inches is required **Weight is required**

Deliver To [Copy Patient Address](#) [Copy Facility Address](#)

Name*
Name is required

Address* Zip* City* State*

Address 2 Home Phone Contact Phone* Contact Email

Contact Number is required



Check the status of orders on the Connect dashboard

New Request
Orders
My Profile

Prescriber Orders

Showing 1 to 21 of 21 entries Show 100 entries

REQUEST / SUBMIT	PATIENT	INSURED ADDRESS	PRESCRIBER / SIGNED	INSURANCE	ACTIONS
10512 12/28/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	DUGDALE, WILLIAM	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending
10469 11/08/2022	Deo, John	1234 HAPPY GO LUCKY LANE Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Rejected
10445 10/07/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE 10/07/2022	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Awaiting Clinician Signature
10443 10/03/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE 10/03/2022	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Prescribed
10442 10/03/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE 10/03/2022	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Prescribed
10441 09/30/2022	Deo, John	1234 Happy Go Lucky Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending
10440 09/30/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending
10373 09/09/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending

Previous 1 Next



Users can access a PDF version of the signed SWO and Face-to-Face

Order #5472 (3810)

Order Verification

Patient Physician Order **Clinical** Signature

Diagnosis

R26.0 - Ataxic gait

Documents

Document Name	Date	Action
Order SWO_5472_signed.pdf	05/22/2024	Download
Face-To-Face Walkers - UHC Commercial_5472_signed.pdf	05/22/2024	Download

Add additional documents

SWO_5472_signed (1).pdf
34.9 KB • Done

SWO_5472_signed (1).pdf

1



Request an update or add a change request note via the chat function associated with each order

The screenshot displays a 'Prescriber Orders' table with columns for REQUEST / SUBMIT, PATIENT, REQUIRED ADDRESS, PRESCRIBER / SIGNED, INSURANCE, and ACTIONS. A blue arrow points from the 'ACTIONS' column of the first row to a detailed order view. This view includes a 'Signature' section with a 'Provider Pending' status, a 'Patient' section with details for DEO W. JOHN, a 'Deliver To' section for JOHN DOE, and an 'Order Notes' chat window. The chat window shows a note from NEWCOMER LP regarding a patient's DC's and transport, with a 'Note type' of 'Delivery instruction' and a date of Wednesday, Dec 28, 2022. A 'Submit' button is visible at the bottom of the chat window.

REQUEST / SUBMIT	PATIENT	REQUIRED ADDRESS	PRESCRIBER / SIGNED	INSURANCE	ACTIONS
10922 12/28/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	DUGDALE, WILLIAM	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending
10469 10/08/2022	Deo, John	1234 HAPPY GO LUCKY LANE Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Rejected
10446 10/07/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE 10/07/2022	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Prescribed
10443 10/03/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE 10/03/2022	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Prescribed
10442 10/03/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE 10/03/2022	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Prescribed
10441 09/26/2022	Deo, John	1234 Happy Go lucky Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending
10440 09/26/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending
10375 09/08/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending

Patient
DEO W. JOHN
Birth Date: 09/01/1930
SSN:
MALE
Height: 62 inches Weight: 185 lbs
Primary Language:

Address
1234 HAPPY LANE
CARMICHAEL, CA, 95608

Contacts
Home phone:
Contact phone: (916) 999-9999
Email:

Emergency Contact
Jane Doe
Contact phone: (916) 999-9999

Insurance

Deliver To
JOHN DOE
Address
1234 HAPPY LANE
CARMICHAEL, CA, 95608

Contacts
Home phone:
Contact phone: (916) 999-9999
Email:

Delivery Notes
Room 2 Bed B - Go to desk prior to seeing patient

Order Notes
NL NEWCOMER LP
Patient DC's at 2pm / Transport scheduled for 1pm please deliver by 11am
Note type: Delivery instruction
Wednesday, Dec 28, 2022

Note type
Note *
Type a message
Submit

