

DME Provider Profile Update Form



Please select the type of update(s) from below and email the completed form and any supporting documentation to dmeprovidernetwork@synapsehealth.com. Once the update is completed your organization will receive an email confirmation.

Note: For all Change of Ownership, please email contracting@synapsehealth.com

Type of Update (check all that apply):

- Product Change:** additions, modifications, or discontinuations of DME products within your inventory and/or accredited product category. Include appropriate licensure and accreditation, as applicable.
- Service Location Change:** opening, closure and/or location move.
- Key Staff Change:** Fulfill users, billing/ accounting staff and executive management.
- Contact Information:** phone numbers and email addresses.
- Accreditation and Licenses:** all renewal documentation

Provider Name

Contact Name

Contact Phone

Contact Email