

# DME Provider Order Cover Sheet



<b>TO</b>	<b>Synapse Health</b>	<b>Fax: 888.690.5329</b>
	<input type="text" value="# of pages"/>	<input type="text" value="Date"/>

<b>FROM</b>	<b>DME Provider Details</b>	
	<input type="text" value="Provider Name"/>	<input type="text" value="Contact Name"/>
	<input type="text" value="Phone"/>	<input type="text" value="Fax"/>
	<input type="text" value="Email"/>	<input type="text" value="Time zone"/>

**Process:** Order entry time can take up to 48 to 72 business hours. Once qualified, DME providers will receive an email confirmation notification to view the order in the Synapse Health Fulfill Portal.

### The following is required to start the order process with Synapse Health:

Patient orders missing an of the below may be returned.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Patient Name  | <input type="checkbox"/> Insurance Information<br><small>Plan Name, ID Number, &amp; Group Number</small>             | <input type="checkbox"/> Prescriber Signed Rx |
| <input type="checkbox"/> Patient Date of Birth   | <input type="checkbox"/> Primary Policy Holder Information<br><small>Name, DOB, &amp; Relationship to Patient</small> | <input type="checkbox"/> Supporting Documents |
| <input type="checkbox"/> Patient Demographics<br><small>Address &amp; Phone Number</small> | <input type="checkbox"/> Applicable Dx Codes  |   |

### Prescriber Information:

<input type="text" value="Prescriber Name"/>	<input type="text" value="NPI"/>
<input type="text" value="Phone Number"/> <input type="text" value="Ext."/>	<input type="text" value="Primary Contact Name"/>
<input type="text" value="Clinic Name"/>	<input type="text" value="Clinic Address"/>
<input type="text" value="Email"/>	



**1.888.33.MYDME** (1.888.336.9363)  
**8AM - 8PM** (Eastern Standard Time)

[WWW.SYNAPSEHEALTH.COM](http://WWW.SYNAPSEHEALTH.COM)