

Referral Fax Cover Sheet

For expedited processes, enter your orders electronically at connect.synapsehealth.com



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

| | | |
|-------------|--|---|
| FROM | DME Provider Details | |
| | <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"/> |
| | <input type="text" value="Date Needed / Date of Discharge"/> | |

Check all that apply:

| | | | |
|-----------------------|--|---|--|
| Order type: | <input type="checkbox"/> Hospital Discharge <small>Send to hospital fax at 888.690.5329</small> | <input type="checkbox"/> Resupply New | <input type="checkbox"/> Resupply Existing |
| | <input type="checkbox"/> New Order | <input type="checkbox"/> Pre-Op | |
| Order urgency: | <input type="checkbox"/> STAT | <input type="checkbox"/> Standard Order | <input type="checkbox"/> Already Dispensed |

Please check all documents included:

| | | |
|---|---|---|
| <input type="checkbox"/> Prescriber Signed RX | <input type="checkbox"/> Delivery Paperwork <small>For Already Dispensed Items</small> | <input type="checkbox"/> Supporting Documents |
|---|---|---|

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

Patient orders missing any of the below may be returned.

| | |
|---|---|
| <input type="text" value="Patient Name"/> | <input type="text" value="Patient Date of Birth"/> |
| <input type="text" value="Patient Address"/> | <input type="text" value="Patient Phone No."/> |
| <input type="text" value="Insurance Information"/> <small>Plan Name, ID Number, & Group Number</small> | <input type="text" value="Primary Policy Holder Information"/> <small>Name, DOB, & Relationship to Patient</small> |



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

WWW.SYNAPSEHEALTH.COM

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ICD 10 Diagnosis Codes (at least one required).

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Primary

All fields required.

| HCPCS | Description | # of Units | Delivery (Y/N) | Date Delivered | Request Delivered |
|-------|-------------|------------|----------------|----------------|-------------------|
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Prescriber Information:

| | |
|-------------------|----------------------|
| Prescriber Name | NPI |
| Phone Number Ext. | Primary Contact Name |
| Clinic Name | Clinic Address |
| Email | |



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