

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	<input type="checkbox"/> Member Plan Change
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
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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).

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Primary

All fields required.

HCPCS	Description	# of Units	Delivery (Y/N)	Date Delivered	Request Delivered

Prescriber Information:

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

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