

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 888.518.4433</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
---	---	---

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](https://www.synapsehealth.com)

NOTE: This transmission contains confidential information belonging to the sender that is legally privileged and proprietary and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding, or saving them.

