



CONNECT

# DME Provider Connect Portal Guide

February 2025

*Confidential and Proprietary Information of Synapse Health*

# Simplify and Modernize the Home Medical Supply & Equipment Experience

- ✓ **One accountable party** from ordering through delivery and payment
- ✓ A network focused on **service & quality**

## Prescriber Benefits



**Streamlined ordering** including eligibility and documentation requirements

## Quality & Reliability



Linear record of quality and service, and **real-time updates** on order status & delivery

## National Scale

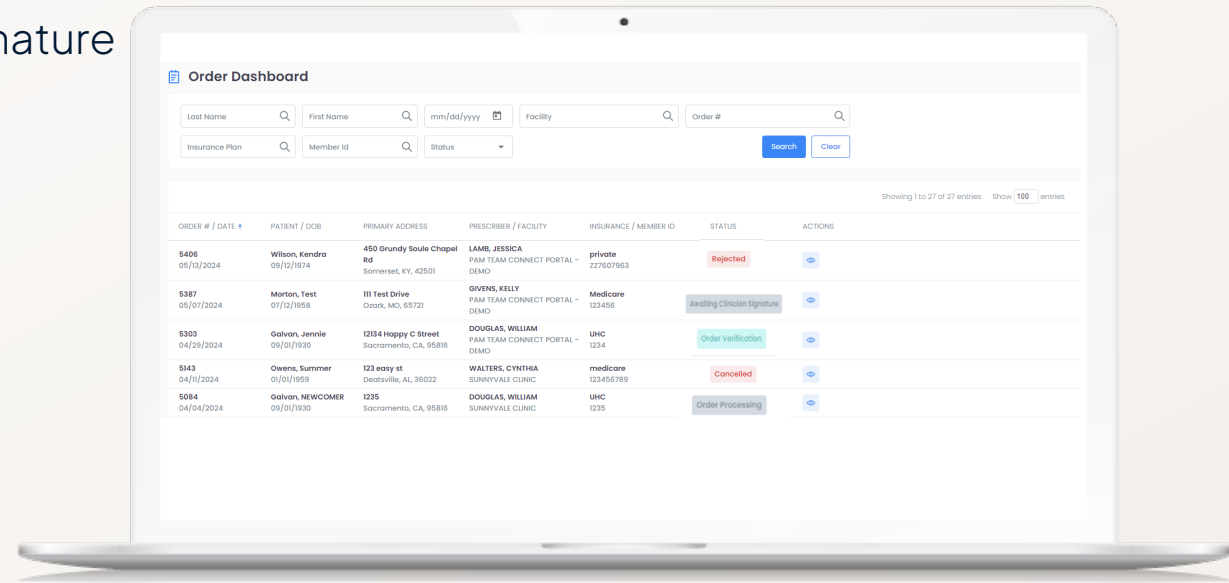


High-quality network of DME vendors ensuring on-time and expedited delivery through our **performance-based network**



Unified ordering experience simplifies ordering process and provides real-time visibility.

- ✔ **Eliminates** multiple phone calls and faxes into one, integrated electronic process
- ✔ **Simplifies** DME coordinators' ability to satisfy clinical and documentation requirements
- ✔ **Integrates** eligibility, benefit and coverage criteria into portal ordering process
- ✔ **Generates** quality orders electronically for review and signature



# Staff Member Registration



# Create Your Account

1. To create an account, click on the link below or visit:

<https://connect.synapsehealth.com/authorization/login>

2. Click on **Create Account**

3. Select the second option: **Staff Member**

4. Click on **Next**

**synapse**  
HEALTH

## Sign In

New Here? [Create Account](#)

Username

Password

**Sign In**

[Forgot Username?](#) [Forgot Passw](#)

### Tell us about yourself...

Choose your account type.

- You are an **Ordering Physician ( NPI Required )**  
Create/Cancel DMEPOS orders.  
Grant permissions to users who will assist with order creation or submissions.  
Review and Sign DMEPOS orders created by you, your staff, or any referral source.
- You are a **Referral Source**  
Request DMEPOS.  
Submit Documentation to Complete DMEPOS Orders.
- You are a **Staff Member** assisting an Ordering Physician  
Create/Cancel DMEPOS orders.  
Request access to a physician's orders.  
Access tools to help complete referrals.

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# Create Your Account

1. Click on 'Facility Look-up'
2. Enter **NPI Number** and click 'Search'
3. Click the **check box** next to your 'NPI Number'
4. Simply **click** on 'Add'

Have questions or need support?  
Contact Our Prescriber Team at:  
1.888.33.MYDME (1.888.336.9363)

1 Find Facility → 2 User name → 3 Verification → 4 Done!

Facility Look-up

Locate your facility (optional)

Use the "Facility Look-up" functionality to find your facility.

NPI Number: 1639126287

Facility Name (LBN or DBA):

City:

State:

Search

NPI	LEGAL BUSINESS NAME (LBN)	DOING BUSINESS AS (DBA)	PRIMARY PRACTICE ADDRESS	PRIMARY TAXONOMY
<input type="checkbox"/> 1639126287	SUNBRIDGE BRITTANY REHABILITATION CENTER LLC	AMERICAN RIVER CARE CENTER	3900 GARFIELD AVE CARMICHAEL, CA, 95608	Skilled Nursing Facility

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Clear Add

1

2

3

4



# Create Your Account

5. Fill in your **First Name** and **Last Name**
6. Choose a **Username**, enter your contact information and set a password then, click **'Next'**
7. Complete the **two-step** verification and click **'Next'**
8. Simply select the **'Click here'** link to enter orders and check statuses in the Connect portal

You're all **DONE!**

Have questions or need support?  
Contact Our Prescriber Team at:  
1.888.33.MYDME (1.888.336.9363)

**Choose Your Username**

First Name\* Last Name\*

Username\* brh0435 [Suggest Username](#)

Email Address\* Test@email.com Re-Enter Email Address\* Test@email.com Mobile Number\* (999) 976-6543

Password\* Re-Enter Password\*

Providing your contact information grants Synapse PDI the permission to notify you of the status of orders on which you are indicated as the signing physician.

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**Where would you like to receive your security code?**

In order to maintain security of patient data it is required to identify yourself with a code sent to either your email address or your mobile device

Send me a code at

Send me a code at

[Next >](#)

**Signup Complete!**

Your account is now active.  
[Click here](#) to access your orders.



# Order Entry



CONNECT

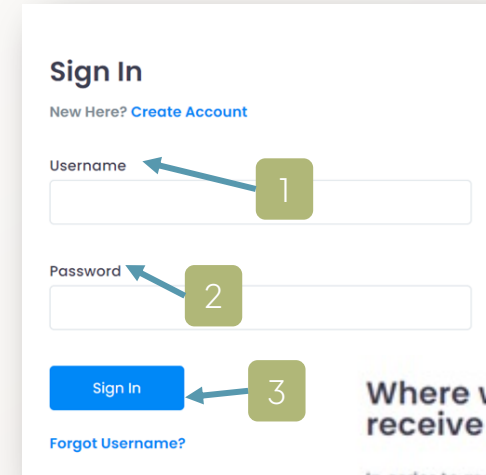




# Signing into your account will lead to your landing page

Here you can start a new request, check status and update your account settings

1. Enter your Newly Created **'Username'**
2. Enter your Newly Created **'Password'**
3. Click on **'Sign In'**
4. When Prompted click on **'Email or Text'** to receive your **'Multi-Factor Authentication (MFA) code'**, Click on **'Next'**
5. Enter your **'MFA Code'**
6. Click on **'Next'**



**Sign In**  
New Here? [Create Account](#)

Username 1

Password 2

[Sign In](#) 3

[Forgot Username?](#)

## Where would you like to receive your security code?

In order to maintain security of patient data it is required to identify yourself with a code sent to either your email address or your mobile device 4

- Send me a code at scXXXXXXXX.nXXXXXXXX@sXXXXXXXXXXXXX.XXXXX
- Send me a code at X16XXXXX72

[← Previous](#)

[Next →](#)

## Enter your security c

Please check your email or mobile c security code and enter it below

Code 5

915479

[Click to resend code](#)

[← Previous](#)

[Next →](#) 6



# Search for and select your prescriber (must be PECOS certified)

- New Request
- Drafts
- Tasks
- Orders
- My Profile

**New Request**

1 Order Patient and Products → 2 Qualification Answer some Questions → 3 Verify View and Sign Final Documents → 4 Done! Submitted to Synapse Health

Physician ( Prescriber )  Facility

Please select a physician

**NPI Search**

NPI Number  First Name  Last Name

City  State

NPI	NAME	PRIMARY PRACTICE ADDRESS	PHONE	PRIMARY TAXONOMY	
1992784235	DUGDALE, WILLIAM	809 WIMBLEDON CT SACRAMENTO, CA, 95864	(916) 971-1253	Family Medicine	<input type="button" value="→"/>

Previous Next



# Review Order Details. Enter Requested Delivery or Discharge Date

**New Request**

Drafts

Tasks

Orders

My Profile

### New Request

1 Order Patient and Products → 2 Verify View Final Documents → 3 Done! Submitted to Synapse Health

**Physician ( Prescriber )** [Find Physician](#)

**NEWCOMER, AMANDA NP-C** [NPI: 1083161475](#)

Mailing Address	Primary Practice Address
3100 MACCORKLE AVE SE CHARLESTON, WV, 25304	3100 MACCORKLE AVE SE CHARLESTON, WV, 25304
Phone: (304) 388-5395 Fax: (304) 388-5398	Phone: (304) 388-5395 Fax: (304) 388-5398

**Location**

**TEST Synapse Facility 1 TEST**

**Address Details**

1603 Orrington Avenue  
Evanston, IL 60201

Phone: (916) 202-7472  
Fax:

**Order Details**

**Created By**  
Tiffany Sheppard 09/05/2024

**Email Address**  
tiffany.sheppard@synapsehealth.com

**Phone**      **Fax**  
(916) 202-7472

Infectious Disease

**Requested Delivery Date\***

09/26/2024

**Is the patient discharging from a Hospital or Skilled Nursing Facility?\***

No    Yes

**Save as Draft**

Order Details >

Insurance >

Patient >

Diagnosis Codes >

Deliver To >

Product Selection >

Documents >



# Enter member's insurance information

Up to 3 plans can be entered

The screenshot shows a web interface for entering insurance information. On the left is a navigation sidebar with the following items: 'New Request' (highlighted), 'Drafts', 'Tasks', 'Orders', and 'My Profile'. The main content area is titled 'Insurance / Eligibility' and contains the following fields and options:

- Primary Insurance:** A dropdown menu currently showing 'Insurance'.
- Bill To:** A dropdown menu currently showing 'Insurance'.
- Payer\*:** A search input field containing 'Payer' with a magnifying glass icon. Below it is a scrollable list of payer options:
  - AARP Medicare Supplement by UnitedHealthcare
  - UnitedHealthcare Community Plan
  - UnitedHealthcare
  - All United Medical Group
  - Choice Physicians Network All United Medical Group
  - GUT Management - CAC United
  - Hill Physicians United Healthcare PPO
- Additional Insurance \*:** A section with two sub-sections:
  - Secondary Insurance:** 'Do you want to add a Secondary insurance?\*' with radio buttons for 'Yes' (selected) and 'No'.
  - Tertiary Insurance:** 'Do you want to add a Tertiary insurance?\*' with radio buttons for 'Yes' (selected) and 'No'.
- Check Eligibility:** A blue button at the bottom of the form.

Teal arrows point from the 'New Request' sidebar item to the 'Payer\*' field, from the 'Primary Insurance' dropdown to the 'Secondary Insurance' section, and from the 'Payer\*' dropdown list to the 'Tertiary Insurance' section.



# Eligibility ran once you click 'Check Eligibility'

Letting you know patient eligibility status in real-time

- New Request
- Drafts
- Tasks
- Orders
- My Profile

### Insurance / Eligibility

Primary Insurance

Bill To  
Insurance

Payer \*  
UnitedHealthcare

Member ID \*  
1234

Last Name \*  
Deo

First Name \*  
John

Date of Birth \*  
09/01/1930

**Check Eligibility**

### Insurance / Eligibility

Primary Insurance **Added Successfully** ✓

#### Primary Insurance Details

Subscriber	Patient	Plan Type/Payer/Plan/Member ID	Effective
Deo, John 123 Test Street Avondale Estates GA 30002 09/01/1930	SELF	COMMERCIAL UNITEDHEALTHCARE UNITED HEALTHCARE 1234	- Current
MALE		Group	



# Enter patient demographics and contact information

(Any section denoted with an \* must be filled in as a required field)

- New Request
- Drafts
- Tasks
- Orders
- My Profile

**Patient**

Last Name\*      First Name\*      Middle Name

Last Name      First Name      Middle Name

Gender\*      Primary Language

Gender      Language

Date of Birth\*      SSN#      Home phone      Contact phone\*

mm/dd/yyyy      SSN#      +1(\_\_\_\_) \_\_\_\_-\_\_\_\_      +1(\_\_\_\_) \_\_\_\_-\_\_\_\_

Address\*      Zip\*      City\*      State\*

Address 1      Zip Code      City      State

Address 2      Email Address

Address 2      Email Address

**Emergency Contact**

First Name      Last Name      Phone

First Name      Last Name      +1(\_\_\_\_) \_\_\_\_-\_\_\_\_



# Confirm patient delivery address and contact info

(Add any special instructions, gate code or hours in the delivery notes box)

- New Request
- Drafts
- Tasks
- Orders
- My Profile

**Patient**

Last Name\* First Name\* Middle Name

Gender\* Primary Language

Date of Birth\* SSN# Home phone Contact phone\*

Address\* Zip\* City\* State\*

Address 2 Email Address

**Emergency Contact**

First Name Last Name Pho

**Deliver To** [Copy Patient Address](#) [Copy Facility Address](#)

Name\*

Address\* Zip\* City\* State\*

Address 2 Home Phone Contact Phone\* Contact Email

Delivery Notes



# Search by product type(s) to add to your order

- New Request
- Drafts
- Tasks
- Orders
- My Profile

- Category
- Wheelchairs Manual and Heavy Duty
  - Wheelchairs Power
  - Wound Care and Surgical Dressings
  - Replacement Items for Patient OWNED Products
  - Prior-Authorization Orders
  - FOR TESTING PURPOSES ONLY

### Product Selection

Search by category

Category: All

All

Bathing, Living Aids and Toileting Items	Beds and Support Surfaces	Breast Pumps	Canes, Crutches and Walkers
Continuous Passive Motion Machine	Diabetes	Incontinence Supplies	Negative Pressure Wound Therapy (NPWT)
Nutrition	Ostomy Supplies	Patient Lifts	Pediatric Products
Pneumatic Compressors and Appliances	Respiratory	TENS Unit	Urological Supplies
Manual Wheelchair	Power Mobility Devices	Wound Care and Surgical Dressings	Replacement Items for Patient OWNED Products





# Configure items as needed

Ability to customize the order to fit your patient's needs

- New Request
- Drafts
- Tasks
- Orders
- My Profile

Product

Hemi-Height Wheelchair

- Configuration  
Setup Equipment Parameters
- Quantity and Frequency  
View and Set Prescription
- Diagnosis  
Provide Patient Diagnosis
- Documents  
Provide Any Documents Needed

Configuration

Length of Need (LON)\*  
99 months

Hemi-Height Wheelchair  
Product Selection

Foot/Leg Rests

- Swingaway, Detachable Footrests, Each
- Articulating Elevating Footrests, Each
- Elevating Leg Rest - Pair

Wheelchair Accessories




- Safety Equipment
- Back Cushion

Next ->

Hemi-Height Wheelchair

Product Selection

[Dropdown Menu]

-  16 in Standard Hemi Wheelchair
-  18 in Standard Hemi Wheelchair
-  20 in Standard Hemi Wheelchair

*Simple, visual options to guide you.*

Foot/Leg Rests

- Swingaway, Detachable Footrests, Each
- Articulating Elevating Footrests, Each
- Elevating Leg Rest - Pair

Wheelchair Accessories

- Safety Equipment
- Back Cushion
- Seat Cushion



# DME provider selection and manufacturer request

## Ability to customize the order to fit your patient's needs

- New Request
- Drafts
- Tasks
- Orders
- My Profile

Product

Hemi-Height Wheelchair

- Configuration  
Setup Equipment Parameters
- Quantity and Frequency  
View and Set Prescription
- Diagnosis  
Provide Patient Diagnosis
- Documents  
Provide Any Documents Needed

18 in Standard Hemi Wheelchair

Foot/Leg Rests

- Swingaway, Detachable Footrests, Each
- Elevating Leg Rest - Pair
- Articulating Elevating Footrests, Each

Wheelchair Accessories

- Safety Equipment
- Back Cushion
- Seat Cushion

Product Request/Notes

Product Request/Notes

Next >

*Request your preferred provider or manufacturer to fulfill your order.*

Product Request/Notes

Route to Vendor : \*\*\*\*\*

Product Request/Notes

Brand Request: \*\*\*\*\*

# Quantity and frequency

Review and confirm selected items to ensure quantities are correct

The screenshot shows a software interface for reviewing product quantities and frequency. On the left is a navigation sidebar with five items: 'New Request' (selected), 'Drafts', 'Tasks', 'Orders', and 'My Profile'. The main content area is titled 'Product' and is divided into two columns. The left column, titled 'Hemi-Height Wheelchair v4.18.24', contains four steps: 'Configuration' (Setup Equipment Parameters), 'Quantity and Frequency' (View and Set Prescription, which is highlighted), 'Diagnosis' (Provide Patient Diagnosis), and 'Documents' (Provide Any Documents Needed). The right column, titled 'Selected Products', lists four items with their respective quantities and frequencies: '18 in Standard Hemi Wheelchair' (1 Each / Month), 'Elevating Leg Rest - Pair' (1), 'General use Seat Cushion = <22 in' (1), and 'Brake Extension, Each' (2). At the bottom of the main content area are two buttons: '< Previous' and 'Next ->'. A blue arrow points to the 'Next ->' button.

**Product**

**Hemi-Height Wheelchair v4.18.24**

- Configuration  
Setup Equipment Parameters
- Quantity and Frequency**  
View and Set Prescription
- Diagnosis  
Provide Patient Diagnosis
- Documents  
Provide Any Documents Needed

**Selected Products**

- 18 in Standard Hemi Wheelchair  
1 Each / Month
- Elevating Leg Rest - Pair  
1
- General use Seat Cushion = <22 in  
1
- Brake Extension, Each  
2

< Previous      Next ->



# Select Diagnosis

- New Request
- Drafts
- Tasks
- Orders
- My Profile

Product

Hemi-Height Wheelchair

- Configuration  
Setup Equipment Parameters
- Quantity and Frequency  
View and Set Prescription
- Diagnosis**  
Provide Patient Diagnosis
- Documents  
Provide Any Documents Needed

Add More Diagnosis Codes If Needed

- G82.5 - Quadriplegia
- G82.50 - Quadriplegia, unspecified
- G82.51 - Quadriplegia, C1-C4 complete
- G82.52 - Quadriplegia, C1-C4 incomplete
- G82.53 - Quadriplegia, C5-C7 complete
- G82.54 - Quadriplegia, C5-C7 incomplete
- R53.2 - Functional quadriplegia

Show 50 Entries

Enter name of diagnosis or ICD-10 code.

- Configuration  
Setup Equipment Parameters
- Quantity and Frequency  
View and Set Prescription
- Diagnosis**  
Provide Patient Diagnosis
- Documents  
Provide Any Documents Needed

Add More Diagnosis Codes If Needed

- G82.22 - Paraplegia, incomplete
- G82.5 - Quadriplegia
- G82.50 - Quadriplegia, unspecified
- G82.51 - Quadriplegia, C1-C4 complete
- G82.52 - Quadriplegia, C1-C4 incomplete
- G82.53 - Quadriplegia, C5-C7 complete
- G82.54 - Quadriplegia, C5-C7 incomplete

Show 50 Entries



# Qualifying diagnosis code

- New Request
- Drafts
- Tasks
- Orders
- My Profile

Product ×

Hemi-Height Wheelchair v4.18.24

- Configuration  
Setup Equipment Parameters
- Quantity and Frequency  
View and Set Prescription
- Diagnosis**  
Provide Patient Diagnosis
- Documents  
Provide Any Documents Needed

Add More Diagnosis Codes If Needed

Search and enter at least one diagnosis code

✓ Diagnosis requirements for this item have been met.

- ✓ G82.50 - Quadriplegia, unspecified
- M17.11 - Unilateral primary osteoarthritis, right knee
- J44.0 - Chronic obstructive pulmonary disease with (acute) lower respiratory infection

< Previous Next >

*The blue check mark indicates the selected code(s) are valid and compliant with billing regulations.*



# Enter signing prescriber information

The prescriber will now receive notification of orders pending review and signature

- New Request
- Drafts
- Tasks
- Orders
- My Profile

### More Information Requested

The physician you have selected is not currently enrolled with Synapse Health. Please provide some contact information so we can be in touch with the provider on your behalf

Provider Email Address: DoctorWho@MD.com

Provider Phone: +1(916) 202 747:

I certify that I am authorized to provide this information on behalf of the signing provider who wants to receive text message notifications of the status of orders on which they are indicated as the signing physician from 773-358-1178 and 76139 at Synapse Health to the mobile number I provided above. Message frequency may vary. Message & data rates may apply. Reply HELP for help and STOP to Cancel. See [Text messaging Terms and Conditions](#), [Terms and Conditions & Privacy Policy](#)

Continue



# Answer insurance qualification questions and upload supporting documentation as requested

- New Request
- Drafts
- Tasks
- Orders
- My Profile

Q&A

Item Name	LON	HCPCS	Status	Qty/Freq
Hemi-Height Wheelchair v4.18.24 18 in Standard Hemi Wheelchair	99 months	K0002 - Stnd hemi (low seat) whlchr	Not completed	1 Each / Month
Foot Rest/Leg Rest Accessories				
Product Selection: Elevating Leg Rest - Pair				
Seat Cushions				
Product Selection: General use Seat Cushion = <22 in				
Safety Items				
Brake Extension, Each				
Product Request/Notes: No Product Request/Notes entered				

Click to Open Q&A

< Previous

A 'red highlighted' box indicates the patient does not meet coverage qualifications.

Qualification

Has your patient had a face to face encounter within the last twelve (12) months?

Yes, please provide the date of the face to face encounter below  No

Date of Encounter

05/21/2024

Why does the patient need a HEMI wheelchair?

The patient has a short stature and requires a low seat height (17-18 inches)  The patient is unable to place their feet on the ground to propel a wheelchair and requires a low seat height (17 to 18 inches)

None of the above

The patient must require a lower seat height (17 to 18 inches) to qualify for a hemi wheelchair

Please utilize all patient documentation from your facility to complete Q & A section.

# Review order detail and submit for final review

## Validate order detail

- New Request
- Drafts
- Tasks
- Orders
- My Profile

### New Request

Order Patient and Products → **2** Qualification Answer some Questions → **3** Verify View and Sign Final Documents → **4** Done! Submitted to Synapse Health

#### Q&A

Item Name	LON	HCPCS	Status	Qty/Freq
Hemi-Height Wheelchair v4.18.24 18 in Standard Hemi Wheelchair	99 months	K0002 - Std hemi (low seat) whlchr	Completed	1 Each / Month
Foot Rest/Leg Rest Accessories				
Product Selection: Elevating Leg Rest - Pair		K0195 - Elevating wheelchair leg rests		1
Product Selection: General use Seat Cushion = <22 in		E2601 - Gen w/c cushion width < 22 in		1
Safety Items				
Brake Extension, Each		E0961 - Wheelchair brake extension		2

Product Request/Notes:  
No Product Request/Notes entered

[Click to Open Q&A](#)






[< Previous](#) [Next ->](#)





# Review Standard Written Order

## Validate order details

-  New Request
-  Drafts
-  Tasks
-  Orders
-  My Profile

**synapse** HEALTH Order Date: 10/16/2024

**Patient**  
TEST, TEST  
123 HOUSE WAY  
SPRING LAKE, NC, 28390  
(777) 777-7777

**Ordering Physician**  
BONNER, KEVIN M.D.  
NPI:1376572883  
5716 CLEVELAND ST  
VIRGINA BEACH, VA, 23462  
(757) 503-6570

**Order Details**

Item Name	LOD	HCPCS	Qty/Freq	Billing Units
Hem-Height Wheelchair			30 months	
Product Selection : 18 in Standard Hem Wheelchair		K8882	1 Each / Month	1 (1 Each)
Foot/Leg Rests - Elevating Leg Rest - Pair		K8195	1	1 (1 Pair)
Seat Cushion				
Safety Equipment				
Product Selection : General Wheelchair Seat Cushion, Width Less Than 22"		E2861	1	1 (1 Each)
Brake Extension, Each		E2861	2	2 (1 Each)

**Diagnosis Codes**  
G82.50 - Quadriplegia, unspecified

BONNER, KEVIN, M.D.  
Prescriber Signature Date

**synapse** HEALTH Order Date: 10/16/2024

**Patient**  
TEST, TEST  
123 HOUSE WAY  
SPRING LAKE, NC, 28390  
(777) 777-7777

**Insurance**

Bill To: Insurance	Primary:	Secondary:	Tertiary:
Pager:	UnitedHealthcare		
Subscriber:	TEST, TEST		
Relation to Patient:	SELF		
Member ID:	1234		
DOB:	01/01/1980		



# Review Face-to-Face and affirm accuracy

## Submit to signing prescriber

- New Request
- Drafts
- Tasks
- Orders
- My Profile

Face To Face Encounter Page 1 of 2

Patient Name: CAROLYN EISENBEIS Prescriber Name: SHAHAAB UDDIN M.D.  
DOB: 12/06/1936 NPI: 1669784872  
Height: 60 in.  
Weight: 195 lbs.

**Encounter:**  
Date of Encounter 05/21/2024

CAROLYN EISENBEIS is a 87-year-old female diagnosed with Paraplegia, complete. The patient's mobility was assessed due to the possible need for a wheelchair.

The patient has limited mobility due to their diagnosis. This is hindering the patient's ability to perform certain activities, including dressing, bathing, and the patient is unable to perform these daily living activities in a reasonable amount of time. The patient has a short stature and will require a wheelchair for home use that has a low seat height. An appropriately low seat height is needed to ensure safe usage of a wheelchair. A cane or a walker would not be able to safely resolve the patient's impaired mobility.

A wheelchair is needed to improve the patient's mobility. While the patient may have difficulty operating a wheelchair alone, the caregiver is available, willing, and able to assist as needed. A wheelchair appropriate for the patient's weight will be selected and the patient's home is suitably equipped with room access, maneuvering space, and appropriate surfaces for a wheelchair.

**Treatment plan:**

The patient requires a hemi wheelchair to improve mobility in order to safely complete mobility-related activities daily of living. The appropriate wheelchair will be ordered and the patient is able and willing to use the wheelchair as prescribed.

Elevating legs rests are needed for the wheelchair as the patient has a musculoskeletal condition which prevents 90 degree flexion at the knee. The patient requires brake extensions for the wheelchair to improve leverage and ease of use of the braking system.

**Diagnoses:**

- Paraplegia, complete (682.21)

Face To Face Encounter Page 2 of 2

Patient Name: CAROLYN EISENBEIS Prescriber Name: SHAHAAB UDDIN M.D.  
DOB: 12/06/1936 NPI: 1669784872  
Height: 60 in.  
Weight: 195 lbs.

I certify that I am the treating clinician identified on this form. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information above contained herein is true, accurate and complete, to the best of my knowledge, and is consistent with the information contained in my clinical records for the Patient and/or in the Patient's permanent medical record. I understand that any falsification, omission, or concealment of material fact in that section with respect to any information contained herein may subject me to civil or criminal liability.

Prescriber Name: SHAHAAB UDDIN M.D.  
NPI: 1669784872 Prescriber's Signature: Date:

**Confirmation**

I hereby affirm to the best of my knowledge that the statements and selections made in regards to this patient's health and medical need accurately represents what is documented in the patient's medical record.

< Previous Submit for Signature



# Order is now pending signature

- New Request
- Drafts
- Tasks
- Orders
- My Profile

## New Request

Order Patient and Products → Qualification Answer some Questions → Verify View and Sign Final Documents → **4** Done! Submitted to Synapse Health

**Done!**  
Order# 8124

Your order has been sent to the prescriber for their signature.

You may begin a new order by [clicking here](#).

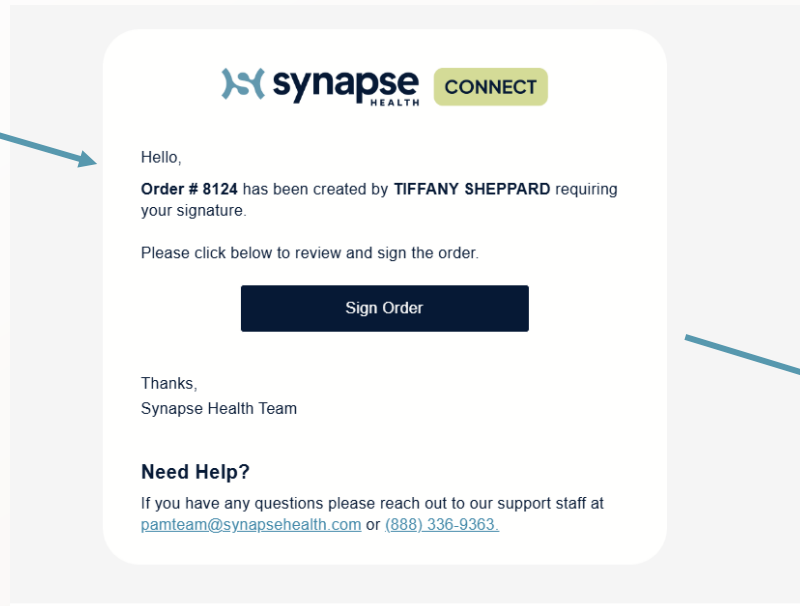
Questions? Contact us at (888) 336-9363 or by email at [pamteam@synapsehealth.com](mailto:pamteam@synapsehealth.com)



# Prescriber Review and Signature



# Prescribers will receive both an email and text notification when a request for DME is submitted to Review, Sign or Reject



**Synapse Health: A signature request has been made by TIFFANY SHEPPARD on a DME order. To sign the order please proceed as a signing prescriber here <https://snpse.com/wCpGAKXwWO>. Text HELP for info, STOP to cancel. Msg&data rates may apply.**

*The text or email link will direct you to the Synapse Connect portal. You will be required to accept the access agreement.*



# Prescriber verifies identity by Last Name or NPI number and review documents



## Prescriber Quick Access

Please enter your NPI to view your order.

Last Name or NPI \*

COOPER

I agree to the [Terms and Conditions](#) and [Privacy Policy](#)

Access Order

Questions? Contact us at (888) 336-9363 or by email at [pamteam@synapsehealth.com](mailto:pamteam@synapsehealth.com)

(PID 3810) Awaiting Clinician Signature

### Review Documents

Please scroll to review and Sign or Reject the order.

Page 1 of 2

Order Date: 03/22/2024

<b>Patient</b> GALVAN, JENNIE 12345 HAPPY C SACRAMENTO, CA, 95816 (916) 447-8041	<b>Ordering Physician</b> COOPER, ANNA CRNP NPI: 1295320075 700 HIGH ST WILLIAMSPORT, PA, 17701 (570) 321-3454
----------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

<b>Insurance</b> Bill To: Insurance	<b>Primary:</b> United Healthcare Galvan, Jennie	<b>Secondary:</b>	<b>Tertiary:</b>
----------------------------------------	--------------------------------------------------------	-------------------	------------------

<b>Order Details</b>				
Item Name	LON	HCPCS	Qty/Freq	Billing Units
Walkers and Rollators - Standard Rollator (4 Wheeled Walker) <=300lbs.	99 months	ED143	1	1 (1 Each)
Product Selection : Seat Attachment		ED156	1	1 (1 Each)

**Diagnosis Codes**  
R26.0 - Ataxic gait

COOPER, ANNA CRNP Prescriber Signature	Date
-------------------------------------------	------

(PID 3810) Awaiting Clinician Signature

### Review Documents

Please scroll to review and Sign or Reject the order.

Page 2 of 2

Order Date: 03/22/2024

#### Face To Face Encounter

Page 1 of 1

<b>Patient Name:</b> Jennie Galvan	<b>Prescriber Name:</b> ANNA COOPER CRNP
------------------------------------	------------------------------------------

**DOB:** 09/01/1930      **NPI:** 1295320075  
**Height:** 60 in.  
**Weight:** 185 lbs.

**Encounter:**  
**Date of Encounter:** 05/22/2024  
Jennie Galvan is a 93-year-old female diagnosed with Ataxic gait. The patient's mobility was assessed.

The patient has impaired mobility which is affecting daily living activities, including grooming, and the patient is prevented from accomplishing these activities entirely.

**Treatment Plan:**  
A walker is required for home use. The patient is willing and able to use a walker safely, which will resolve the mobility deficit and allow for safe participation in mobility-related daily living activities.

**Diagnoses:**  
• Ataxic gait (R26.0)

I certify that I am the treating clinician identified on this form. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information above contained herein is true, accurate and complete, to the best of my knowledge, and is consistent with the information contained in my clinical records for the Patient and/or in the Patient's permanent medical record. I understand that any falsification, omission, or concealment of material fact in that section with respect to any information contained herein may subject me to civil or criminal liability.

Prescriber Name: ANNA COOPER CRNP NPI: 1295320075	Prescriber's Signature:	Date:
------------------------------------------------------	-------------------------	-------

Sign



# Signing prescriber will need to accept and certify signature prior to signing documents

**Signature** ✕


**Sign Documents**

I adopt the below signature as my electronic signature and understand it will be applied to the documents I have reviewed.

**Confirmation**

I certify I am the treating clinician identified on this form. I certify the information has been reviewed, verified, and confirmed as being accurate, complete, and consistent with the medical record. My electronic signature confirms my understanding that any falsification, omission, or concealment of material fact with regard to this information may subject me to civil and/or criminal liability.

**Signature**



**synapse** HEALTH Order Date: 5/22/2024

**Patient**  
12345 HAPPY C  
SACRAMENTO, CA, 95816  
(916) 447-9041

**Ordering Physician**  
COOPER, ANNA CRNP  
NPI:1295320075  
700 HIGH ST  
WILLIAMSPORT, PA, 17701  
(570) 321-3454


**Insurance**  
Bill To: Insurance

**Payer:** United Healthcare  
**Subscriber:** Galvan, Jennie  
**Relation to Patient:** SELF  
**Member ID:** 12345  
**DOB:** 09/01/1930

**Order Details**

Item Name	LON	HCPCS	Qty/Freq	Billing Units
Walkers and Rollators - Standard Rollator (4 Wheeled Walker) =<300lbs.	99 months	E0143	1	1 (1 Each)
Product Selection : Seat Attachment		E0156	1	1 (1 Each)

**Diagnosis Codes**  
R26.0 - Ataxic gait

 Electronically signed by COOPER, ANNA,  
NPI 1295320075 on 05/22/2024 at 03:14 pm CDT  
IP Address 98.41.219.102

**COOPER, ANNA, CRNP** Date  
Prescriber Signature





# Signed prescription and comprehensive Face-To-Face finalized

Qualified order is now with Synapse for fulfillment Synapse will contact the patient for the next steps

**synapse** HEALTH Order Date: 5/22/2024

<p><b>Patient</b></p> <p>12345 HAPPY C SACRAMENTO, CA, 95816 (916) 447-9041</p>	<p><b>Ordering Physician</b></p> <p>COOPER, ANNA CRNP NPI:1295320075 700 HIGH ST WILLIAMSPORT, PA, 17701 (570) 321-3454</p>
-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------

<b>Insurance</b>	<b>Primary:</b>	<b>Secondary:</b>	<b>Tertiary:</b>
Bill To: Insurance			
Payer:	United Healthcare		
Subscriber:	Galvan, Jennie		
Relation to Patient:	SELF		
Member ID:	12345		
DOB:	09/01/1930		

**Order Details**

Item Name	LON	HCPCS	Qty/Freq	Billing Units
Walkers and Rollators - Standard Rollator (4 Wheeled Walker) =<300lbs.	99 months	E0143	1	1 (1 Each)
Product Selection : Seat Attachment		E0156	1	1 (1 Each)

**Diagnosis Codes**

R26.0 - Ataxic gait



Electronically signed by COOPER, ANNA,  
NPI 1295320075 on 05/22/2024 at 03:14 pm CDT  
IP Address 98.41.219.102

COOPER, ANNA, CRNP  
Prescriber Signature

Date

**Face To Face Encounter** Page 1 of 1

Patient Name: Jennie Galvan	Prescriber Name: ANNA COOPER CRNP
DOB: 09/01/1930	NPI: 1295320075
Height: 60 in.	
Weight: 185 lbs.	

**Encounter:**  
Date of Encounter 05/22/2024

Jennie Galvan is a 93-year-old female diagnosed with Ataxic gait. The patient's mobility was assessed.

The patient has impaired mobility which is affecting daily living activities, including grooming, and the patient is prevented from accomplishing these activities entirely.

**Treatment Plan:**


A walker is required for home use. The patient is willing and able to use a walker safely, which will resolve the mobility deficit and allow for safe participation in mobility-related daily living activities.

**Diagnoses:**

- Ataxic gait (R26.0)

I certify that I am the treating clinician identified on this form. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information above contained herein is true, accurate and complete, to the best of my knowledge, and is consistent with the information contained in my clinical records for the Patient and/or in the Patient's permanent medical record. I understand that any falsification, omission, or concealment of material fact in that section with respect to any information contained herein may subject me to civil or criminal liability.

Prescriber Name: ANNA COOPER CRNP	Date:	
NPI: 1295320075	Prescriber's Signature:	



Electronically signed by COOPER, ANNA,  
NPI 1295320075 on 05/22/2024 at 03:14 pm CDT  
IP Address 98.41.219.102





# Status/Chat & Best Practices



# Need assistance during your order entry?

Select 'Need Help' then select the appropriate subject. A live team member will assist promptly.

- New Request
- Drafts
- Tasks
- Orders
- My Profile

Message Us

you. Please let us know how we may assist you today.

Sorry, I didn't receive any input from you. Please let us know how we may assist you today.

Sorry, I didn't receive any input from you. Please let us know how we may assist you today.

Synapse Health - 5:20 PM

- Submitting a New Order
- Received a Validation Request Error
- Modifying or Updating an Existing Order
- Status Request for an Existing Order
- New Access Request or Password Reset
- Other

Send a message...

The Connect portal is monitored 8am – 8pm EST.

Need help?

Need help?



# Use the 'Save as Draft' feature anytime you need to step away to save your order(s) at any time

The screenshot displays the 'New Request' workflow in a web application. On the left is a navigation sidebar with options: 'New Request' (selected), 'Drafts', 'Tasks', 'Orders', and 'My Profile'. The main content area is titled 'New Request' and features a four-step progress bar: 1. Order Patient and Products, 2. Qualification Answer some Questions, 3. Verify View and Sign Final Documents, and 4. Done! Submitted to Synapse Health. Below the progress bar are two main sections: 'Physician ( Prescriber )' and 'Order Details'. The 'Physician' section shows details for 'FAGAN, ASHLEY DO' with NPI: 1033423496, including mailing and primary practice addresses and contact information. The 'Order Details' section shows 'Created By' (Newcomer, Schenelle), 'Created Date' (11/13/2023), 'Organization' (Walnut Whitney Care Center), and 'Facility\*' (Walnut Whitney Facility 1). On the right side of the interface, a vertical menu contains links for 'Order Details', 'Insurance', 'Patient', 'Diagnosis Codes', 'Deliver To', 'Product Selection', and 'Documents'. A blue 'Save as Draft' button is positioned above this menu, with a blue arrow pointing to it from the top right.

# Our Portal flags any area in the referral that is missing a required element

**Save as Draft**

- Order Details >
- Insurance >
- Patient** ! >
- Diagnosis Codes >
- Deliver To** ! >
- Product Selection >
- Documents >

### Patient

Last Name\*  First Name\*  Middle Name

Gender\*  Primary Language

Gender is required

### Deliver To

[Copy Patient Address](#) [Copy Facility Address](#)

Name\*

Name is required

Address\*  Zip\*  City\*  State\*

Address 2  Home Phone  Contact Phone\*  Contact Email

Contact Number is required



# Check the status of orders on the Connect dashboard

The screenshot displays the 'Prescriber Orders' section of the Connect dashboard. On the left, a sidebar contains navigation options: 'New Request', 'Drafts', 'Tasks', 'Orders' (highlighted), and 'My Profile'. The main content area features a table with the following columns: 'REQUEST / SUBMIT', 'PATIENT', 'INSURED ADDRESS', 'PRESCRIBER / SIGNED', 'INSURANCE', and 'ACTIONS'. A single order is listed with the status 'Awaiting Clinician Signature', which is pointed to by a blue arrow. The 'ACTIONS' column for this order includes a 'Withdraw' button and a pencil icon. At the top right of the table, it indicates 'Showing 1 to 1 of 1 entries' and 'Show 100 entries'. At the bottom left, there are 'Previous' and 'Next' navigation buttons with a '1' in a box between them. At the bottom right, there is a 'Need help?' link with a question mark icon.

REQUEST / SUBMIT	PATIENT	INSURED ADDRESS	PRESCRIBER / SIGNED	INSURANCE	ACTIONS
8124 10/16/2024	TEST, TEST	123 House Way Spring Lake, NC, 28390	BONNER, KEVIN 10/16/2024	UnitedHealthcare	Awaiting Clinician Signature Withdraw



# Users can access a PDF version of the signed SWO and Face-to-Face

Order #8124 TEST, TEST (4022)

Awaiting Clinician Signature

Patient Physician Order **Clinical** Signature

**Diagnosis**

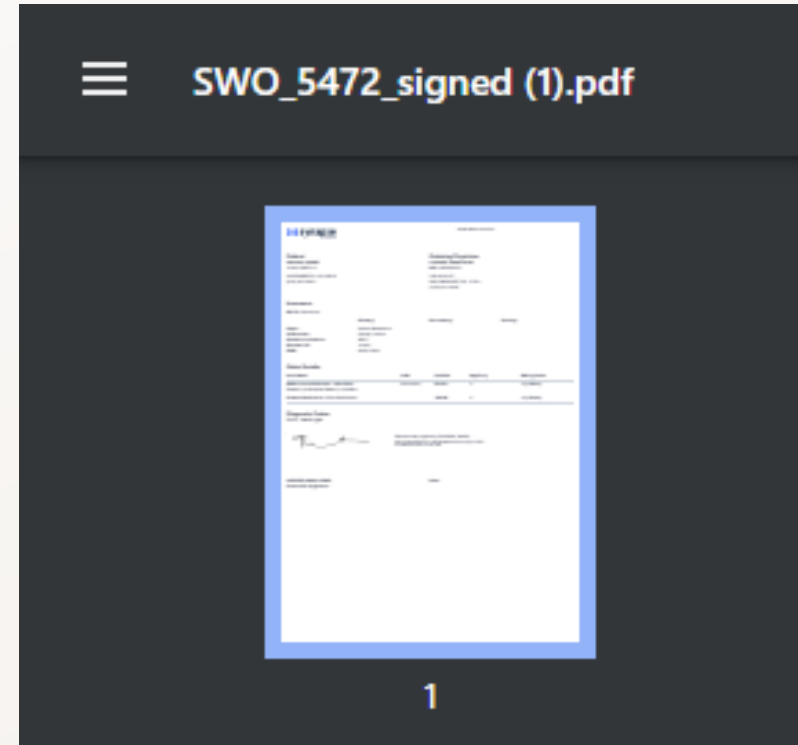
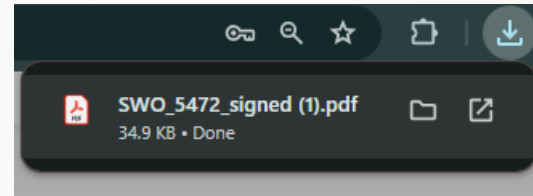
G82.50 - Quadriplegia, unspecified

**Documents**

<b>Order</b> SWO_8124_unsigned.pdf	10/16/2024	Download
<b>Insurance</b> Insurance_8124_unsigned.pdf	10/16/2024	Download
<b>Face-To-Face</b> WC - HEMI Wheelchair_8124_unsigned.pdf	10/16/2024	Download

Add additional documents

Submit



# Request an update or add a change request note via the chat function associated with each order

New Request

Prescriber Orders

Orders

My Profile

Showing 1 to 21 of 21 entries Show 100 entries

REQUEST / SUBMIT	PATIENT	INSURED ADDRESS	PRESCRIBER / SHARED	INSURANCE	ACTIONS
10512 12/29/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	DUGDALE, WILLIAM	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending
10469 11/01/2022	Deo, John	1234 HAPPY GO LUCKY LANE Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Rejected
10445 10/07/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE 10/07/2022	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Prescribed
10443 10/03/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE 10/03/2022	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Prescribed
10442 10/03/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE 10/03/2022	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Prescribed
10441 09/30/2022	Deo, John	1234 Happy Go Lucky Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending
10440 09/30/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending
10373 09/09/2022	Deo, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending

Previous 1 Next



Order #8124 TEST, TEST (4022)

Cancelled by Referral

Order Notes

ST SHEPPARD TIFFANY  
Please cancel order. Patient no longer needs.  
Note type: Order Update  
Wednesday, Oct 16, 2024

Submit

Patient Physician Order Clinical Signature

**Patient**

TEST, TEST  
Birth Date: 01/01/1960  
SSN:  
MALE  
Primary Language:

**Address**  
123 HOUSE WAY  
SPRING LAKE, NC, 28390

**Contacts**  
Home phone:  
Contact phone: (777) 777-7777  
Email:

**Emergency Contact**  
Contact phone:

**Deliver To**

TEST  
Address: Awaiting Clinician Signature  
123 HOUSE WAY  
SPRING LAKE, NC, 28390

**Contacts**  
Home phone:  
Contact phone: (777) 777-7777  
Email:

**Delivery Notes**  
Deliver after 2PM

**Insurance**

Bill To: insurance

Primary

Subscriber	Patient	Plan Type/Payer/Plan/Member ID	Effective
TEST, TEST 123 House Way Spring Lake NC 28390 01/01/1960	SELF	MEDICARE OR MEDICARE ADVANTAGE UNITEDHEALTHCARE 1234 Group	- Current

Note type

Note\*

Type a message

Submit

