



CONNECT

# DME Provider Connect Portal Guide

March 2025

# 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

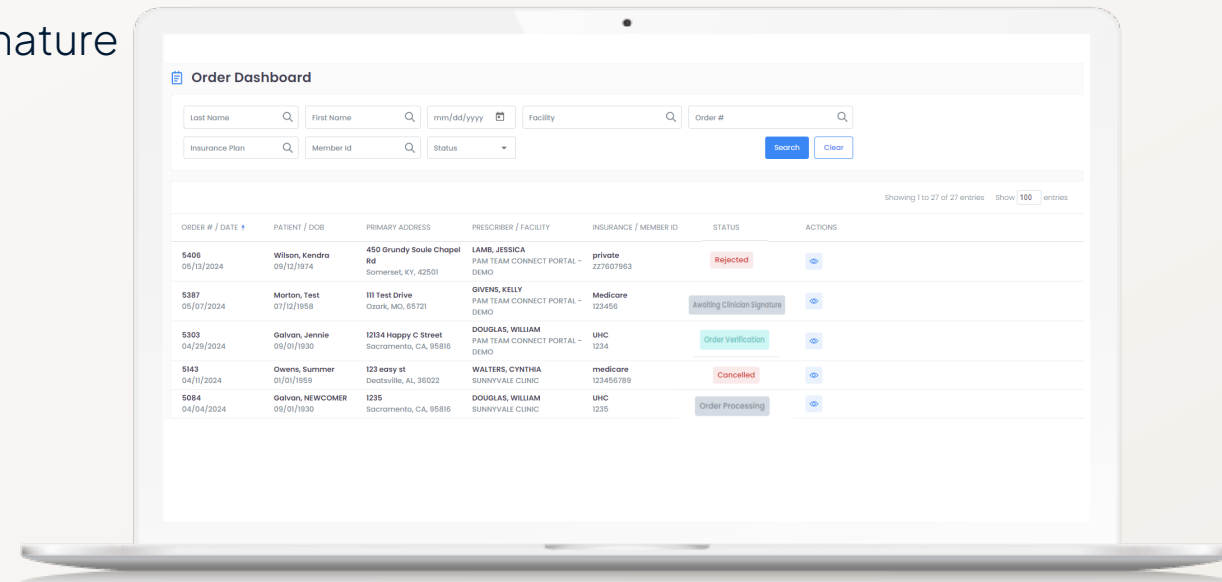


High-quality network of DME vendors ensuring on-time and expedited delivery through our **performance-based network**



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



CONNECT



# 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.

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



# 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 Outpatient Success Team  
at:  
1.888.33.MYDME (1.888.336.9363)

The screenshot shows a four-step registration process: 1. Find Facility (Facility Look-up), 2. User name (Choose Your Login), 3. Verification (Verify Your Security), and 4. Done! (Complete registration). The 'Facility Look-up' step is active, showing a form to locate a facility. A green box with the number 1 points to the 'Facility Look-up' button. A green box with the number 2 points to the 'NPI Number' field, which contains '1639126287'. A green box with the number 3 points to the checkbox next to the NPI number in the search results table. A green box with the number 4 points to the 'Add' button at the bottom right.

**Facility Look-up**

Locate your facility (optional)

Use the "Facility Look-up" functionality

NPI Number	Facility Name (LBN or DBA)	City	State
1639126287			

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

Previous Next



# 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 Outpatient Success Team  
at:  
1.888.33.MYDME (1.888.336.9363)

The image displays three screenshots from the account creation process, with numbered callouts indicating specific steps:

- Step 5:** Points to the 'Choose Your Username' form. It includes fields for 'First Name\*', 'Last Name\*', 'Username\*' (with a suggested username 'brhoo435' and a 'Suggest Username' button), 'Email Address\*' (with 'Test@email.com'), 'Re-Enter Email Address\*', 'Mobile Number\*' (with '(999) 976-6543'), 'Password\*', and 'Re-Enter Password\*'. A 'Next >' button is at the bottom right.
- Step 6:** Points to the 'Email Address\*' and 'Re-Enter Email Address\*' fields.
- Step 7:** Points to the 'Next >' button on the 'Where would you like to receive your security code?' screen. This screen explains that a security code is required for patient data security and offers two options: 'Send me a code at' (radio button) and 'Send me a code at' (radio button).
- Step 8:** Points to the 'Click here' link on the 'Signup Complete!' screen. The screen states 'Your account is now active.' and provides the link to access 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**'

The image displays a sequence of four screenshots from a web application, illustrating the sign-in process with numbered steps 1 through 6. Step 1 shows the 'Sign In' page with a 'Username' field. Step 2 shows the 'Password' field. Step 3 shows the 'Sign In' button. Step 4 shows the 'Where would you like to receive your security code?' page with two radio button options: 'Send me a code at scXXXXXXXX.nXXXXXXXX@sXXXXXXXXXX.XXXXX' (selected) and 'Send me a code at X16XXXXX72'. Step 5 shows the 'Enter your security c' page with a 'Code' field containing '915479'. Step 6 shows the 'Click to resend code' link and the 'Next ->' button.

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

Username

Password

**Sign In**  
[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

☒ Send me a code at scXXXXXXXX.nXXXXXXXX@sXXXXXXXXXX.XXXXX  
☐ Send me a code at X16XXXXX72

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

Code  
915479

[Click to resend code](#)

[← Previous](#) [Next ->](#)

# 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 )

Find Physician

Facility

Find Facility

Save as Draft

Please select a physician

NPI Search

NPI Number

First Name

Last Name

william

dugdale

City

State

Search

NPI	NAME	PRIMARY PRACTICE ADDRESS	PHONE	PRIMARY TAXONOMY	
1992784235	DUGDALE, WILLIAM	809 WIMBLEDON CT SACRAMENTO, CA, 95864	(916) 971-1253	Family Medicine	->

Previous

Next

Connect DME Provider Guide

March 2025

10

# 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

3100 MACCORKLE AVE SE  
CHARLESTON, WV, 25304

Phone: (304) 388-5395  
Fax: (304) 388-5398

Primary Practice Address

3100 MACCORKLE AVE SE  
CHARLESTON, WV, 25304

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 (916) 202-7472

Fax

☐ 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

If you select “No” you can move on to the next section.  
If you select “Yes” the Contact fields will appear.

Would you like to add an emergency contact? \*  
☐ No ☒ Yes

Emergency Contact

Relationship to Patient \*  
Relationship

First Name \*  
First Name

Last Name \*  
Last Name

Phone \*  
+1(\_\_\_\_) \_\_\_\_\_

Email (Optional)  
Email Address



# Enter Member's Insurance Information

Up to 3 plans can be entered

New Request

Drafts

Tasks

Orders

My Profile

Insurance / Eligibility

Primary Insurance

Bill To

Insurance

Payer\*

Payer

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

Check Eligibility

Additional Insurance \*

Secondary Insurance

Do you want to add a Secondary insurance?\*

Yes No

Tertiary Insurance

Do you want to add a Tertiary insurance?\*

Yes No



# 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 field denoted with an \* must be filled in as a required field)

New Request

Drafts

Tasks

Orders

My Profile

Patient

Last Name\*  
Last Name

First Name\*  
First Name

Middle Name  
Middle Name

Gender\*  
Gender

Primary Language  
Language

Date of Birth\*  
mm/dd/yyyy

SSN#  
SSN#

Home phone  
+1(\_\_\_\_) \_\_\_\_

Contact phone\*  
+1(\_\_\_\_) \_\_\_\_

Address\*  
Address 1

Zip\*  
Zip Code

City\*  
City

State\*  
State

Address 2  
Address 2

Email Address  
Email Address



# 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\*  
Last Name

First Name\*  
First Name

Middle Name  
Middle Name

Gender\*  
Gender

Primary Language  
Language

Date of Birth\*  
mm/dd/yyyy

SSN#  
SSN#

Home phone  
+1(\_\_\_\_) \_\_\_\_

Contact phone\*  
+1(\_\_\_\_) \_\_\_\_

Address\*  
Address 1

Zip\*  
Zip Code

City\*  
City

State\*  
State

Address 2  
Address 2

Email Address  
Email Address

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

Name\*  
Name

Address\*  
Address 1

Zip\*  
Zip Code

City\*  
City

State\*  
State

Address 2  
Address 2

Home Phone  
+1(\_\_\_\_) \_\_\_\_

Contact Phone\*  
+1(\_\_\_\_) \_\_\_\_

Contact Email  
Contact Email

Delivery Notes  
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 and Toileting Items

Bed and Support Surfaces

Breast Pumps

Compression Items

Canes, Crutches and Walkers

Diabetes

Manual Wheelchair

Negative Pressure Wound Therapy (NPWT)

Nutrition

Ostomy Supplies

Patient Lifts

Power Mobility Devices

Replacement Items for Patient OWNED Products

Respiratory

Therapeutic and Pain Management Equipment

Urological Supplies

Wound Care and Surgical Dressings





# 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

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

16 in Standard Hemi Wheelchair

18 in Standard Hemi Wheelchair

20 in Standard Hemi Wheelchair

Simple, visual options to guide you.



# 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

Foot/Leg Rests

☐ Swingaway, Detachable Footrests, Each

☐ Articulating Elevating Footrests, Each

☐ Elevating Leg Rest - Pair

Wheelchair Accessories

☐ Safety Equipment

☐ Back Cushion

☐ Seat Cushion

One of the products you've selected requires you to enter a height and weight.

Height \*

Inches

Min 0 Inches - Max 96 Inches

Weight \*

Lbs

Min 0 Lbs - Max 250 Lbs

Next >

Enter height and weight for equipment requiring specifications.



# 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

One of the products you've selected requires you to enter a height and weight.

Height \*

Weight \*

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

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


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 >

Connect DME Provider Guide

March 2025

20

# 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

quadrup

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.

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

Quantity and Frequency

Diagnosis

Documents

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

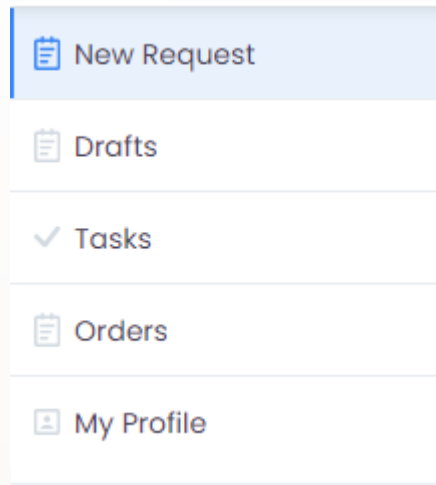
Next >

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

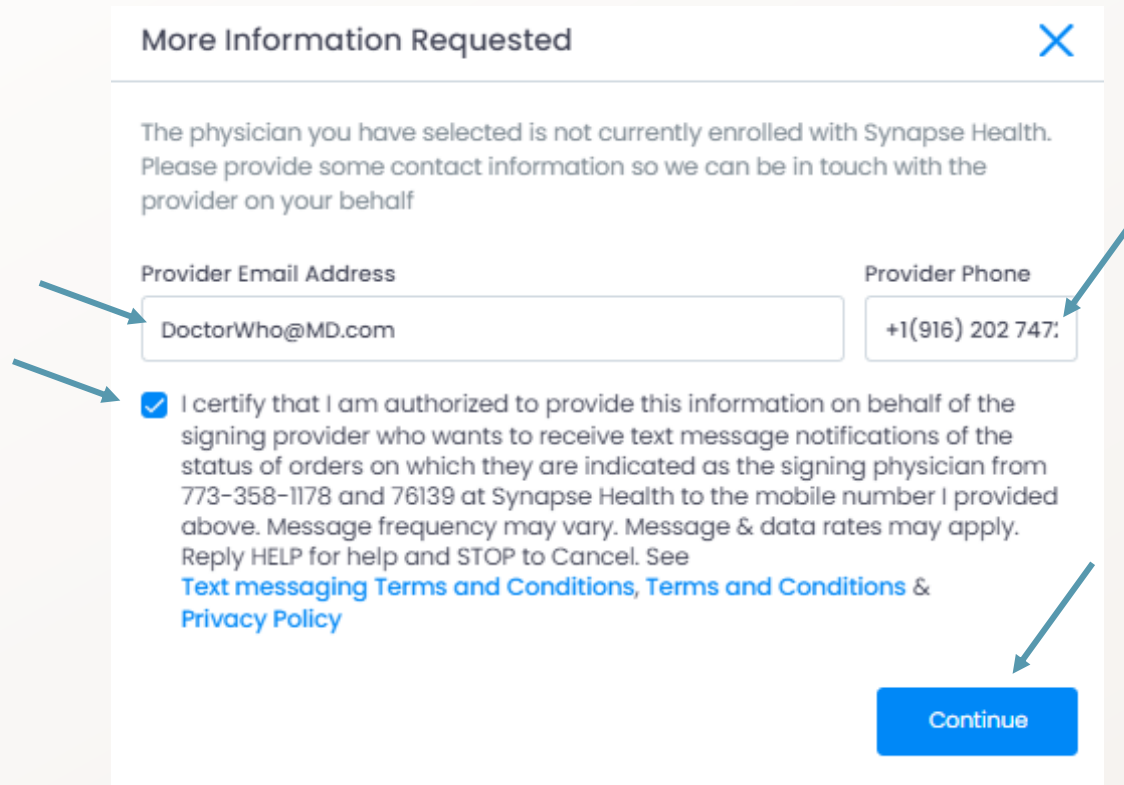


# Enter Signing Prescriber Information

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



A vertical sidebar navigation menu with five items: 'New Request' (with a clipboard icon), 'Drafts' (with a document icon), 'Tasks' (with a checkmark icon), 'Orders' (with a document icon), and 'My Profile' (with a person icon). The 'New Request' item is highlighted with a blue background.



A modal dialog box titled 'More Information Requested' with a close button (X) in the top right corner. The text inside reads: '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'. Below this text are two input fields: 'Provider Email Address' containing 'DoctorWho@MD.com' and 'Provider Phone' containing '+1(916) 202 747:'. Below the input fields is a checkbox that is checked, followed by the text: '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](#)'. At the bottom right of the dialog is a blue 'Continue' button. Three teal arrows point to the email field, the checkbox, and the 'Continue' button.

# 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		K0195 - Elevating whlchr leg rests		1
Seat Cushions				
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

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

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

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
Seat Cushions				
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

Order Date: 10/16/2025

Patient

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

Ordering Physician

BONNER, KEVIN M.D.  
NPI:1370572883  
5716 CLEVELAND ST  
VIRGINA BEACH, VA, 23462  
(757) 552-6570

Order Details

Item Name	LOD	HCPCS	Qty/Freq	Billing Units
Hem-Height Wheelchair	30 months			
Product Selection : 18 in Standard Hem Wheelchair				
		K0002	1 Each / Month	1 (1 Each)
Foot/Leg Rests : Elevating Leg Rest - Pair				
		K0195	1	1 (1 Pairs)
Seat Cushion				
Safety Equipment				
Product Selection : General Wheelchair Seat Cushion, Width Less Than 22"				
		E2801	1	1 (1 Each)
Brake Extension, Each				
		E0961	2	2 (1 Each)

Diagnosis Codes

G82.50 - Quadriplegia, unspecified

BONNER, KEVIN, M.D.  
Prescriber Signature

Date

synapse

Order Date: 10/16/2025

Patient

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

Insurance

Bill To: Insurance

Primary:

UnitedHealthcare  
TEST, TEST  
SELF  
1234  
01011980

Secondary:

Tertiary:

Payer:

Subscriber:

Relation to Patient:

Member ID:

DOB:



# Review Face-to-Face and affirm accuracy

## Submit to signing prescriber

New Request

Drafts

Tasks

Orders

My Profile

Face To Face Encounter

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 (G82.21)

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.      Date:

NPI: 1669784872      Prescriber's Signature:

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 [outpatientsuccess@synapsehealth.com](mailto:outpatientsuccess@synapsehealth.com)

Connect DME Provider Guide

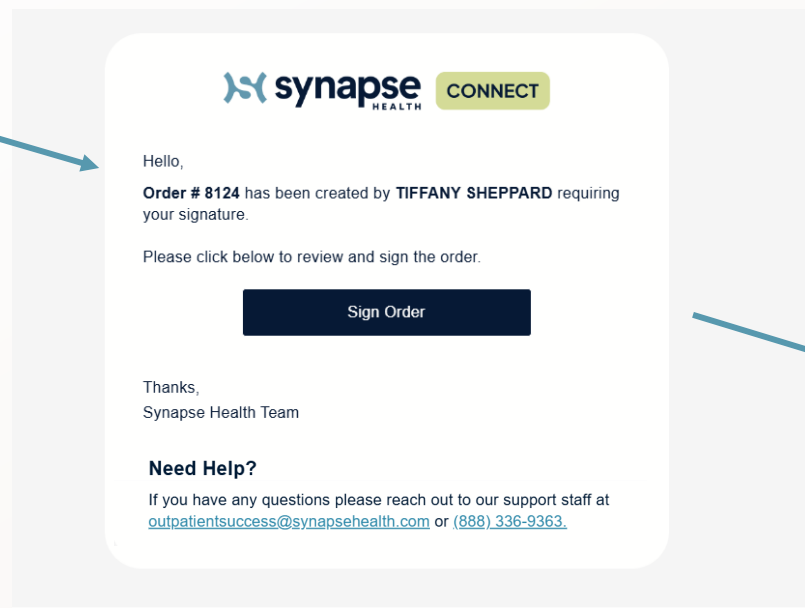
March 2025

28

# 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 [outpatientsuccess@synapsehealth.com](mailto:outpatientsuccess@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: 5/22/2024

**Patient**  
GALVAN, JENNIE  
12345 HAPPY C  
SACRAMENTO, CA, 95816  
(916) 447-8041

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

**Insurance**  
Bill To: Insurance  

Primary:	United Healthcare Galvan, Jennie
Secondary:	SELF
Tertiary:	

Payer:  
Subscriber:  
Relation to Patient:  
Member ID:  
DOB:

**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

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

### 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  
NPI: 1295320075

Prescriber's Signature:

Date:

Sign

Reject

# 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



Clear

Sign



Order Date: 5/22/2024

**Patient**

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

**Insurance**

Bill To: Insurance

**Payer:**

**Subscriber:**

**Relation to Patient:**

**Member ID:**

**DOB:**

United Healthcare  
Galvan, Jennie  
SELF  
12345  
09/01/1930

**Primary:**

**Secondary:**

**Tertiary:**

**Ordering Physician**


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

**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



Connect DME Provider Guide

March 2025

32



# 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



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  
Prescriber Signature

Date

Face To Face Encounter

Page 1 of 1

Patient Name: Jennie Galvan

Prescriber Name: ANNA COOPER CRNP

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


NPI: 1295320075

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

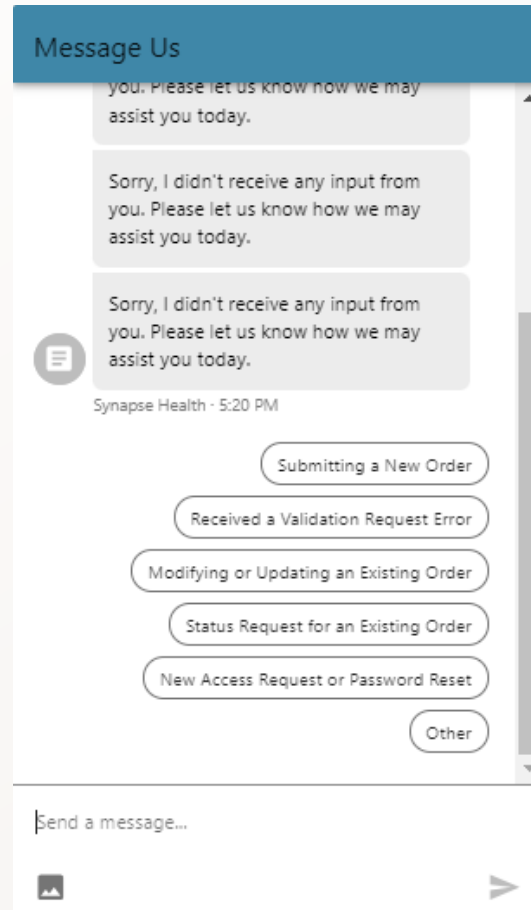
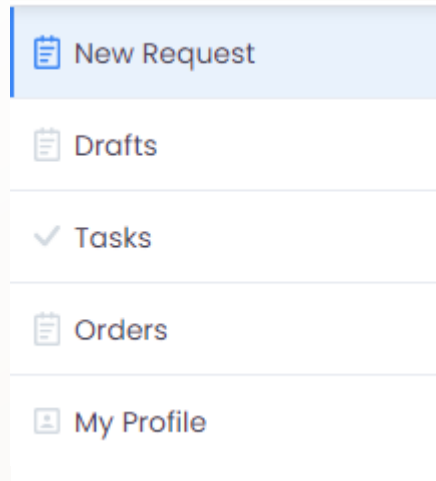


# Status/Chat & Best Practices



# Need Assistance During Your Order Entry?

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



*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)

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 )

FAGAN, ASHLEY DO

NPI: 1033423496

Mailing Address

1280 S MAIN ST STE 100  
GRAPEVINE, TX 76051  
Phone: (817) 310-0898  
Fax: (817) 310-5524

Primary Practice Address

1280 S MAIN ST STE 100  
GRAPEVINE, TX 76051  
Phone: (817) 310-0898  
Fax: (817) 310-5524

Order Details

Created By

Newcomer, Schenelle

Created Date

11/13/2023

Organization

Walnut Whitney Care Center

Facility \*

Walnut Whitney Facility 1

123 Any Street  
Carmicheal, CA 95608  
Phone: 6303120684

Save as Draft

Order Details

Insurance

Patient

Diagnosis Codes

Deliver To

Product Selection

Documents

Connect DME Provider Guide

March 2025

36

# 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

Last Name \*

df

First Name \*

asdf

Middle Name

Middle Name

Gender \*

Gender

Primary Language

Language

Gender is required

Deliver To

[Copy Patient Address](#)

[Copy Facility Address](#)

Name \*

Name

Name is required

Address \*

1234 Ashby Drive

Zip \*

60004

City \*

Arlington Heights

State \*

IL

Address 2

Address 2

Home Phone

+1(\_\_\_\_) \_\_\_\_

Contact Phone \*

+1(\_\_\_\_) \_\_\_\_

Contact Email

Contact Email

Contact Number is required



# Check the Status of Orders on the Connect Dashboard

New Request

Drafts

Tasks

Orders

My Profile

Prescriber Orders

Showing 1 to 1 of 1 entries Show 100 entries

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

Previous 1 Next

Need help?



# 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

Order

SWO\_8124\_unsigned.pdf

10/16/2024

Download

Insurance

Insurance\_8124\_unsigned.pdf

10/16/2024

Download

Face-To-Face

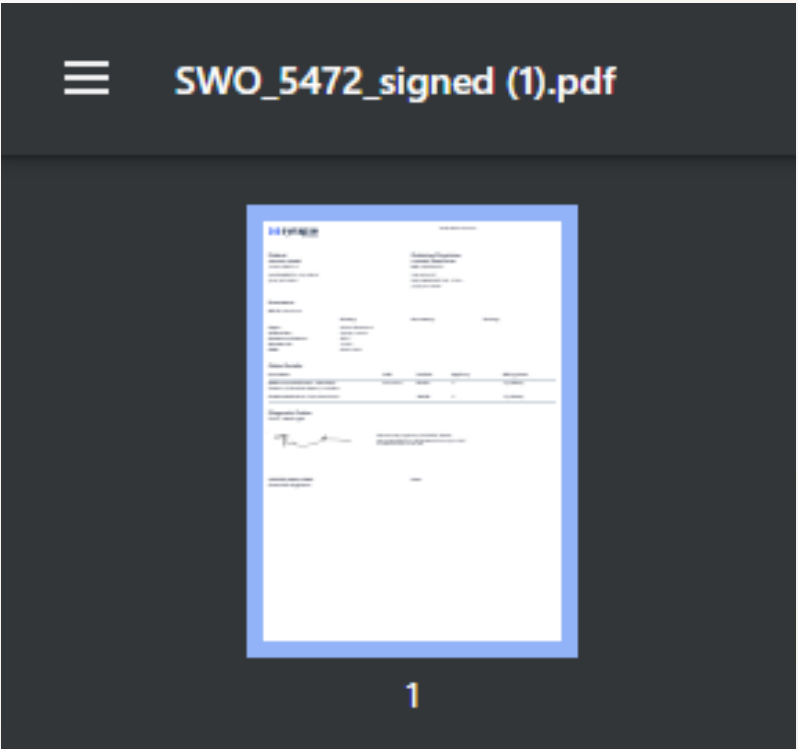
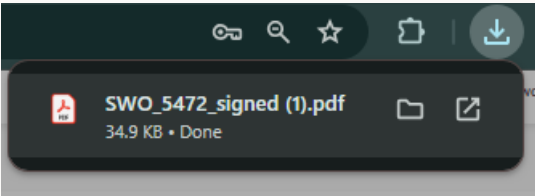
WC - HEMI Wheelchair\_8124\_unsigned.pdf

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

Orders

My Profile

Prescriber Orders

Showing 1 to 2 of 2 entries Show 100 entries

REQUEST / SUBMIT	PATIENT	INSURED ADDRESS	PRESCRIBER / SIGNED	INSURANCE	ACTIONS
10112 12/28/2022	Des, John	1234 Happy Lane Carmichael, CA, 95608	DUGDALE, WILLIAM	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending
10469 11/01/2022	Des, 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	Des, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Prescribed
10443 10/03/2022	Des, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Prescribed
10442 10/03/2022	Des, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Prescribed
10441 09/30/2022	Des, 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	Des, John	1234 Happy Lane Carmichael, CA, 95608	PERLOW, LAWRENCE	Blue Cross Blue Shield Texas PREFERRED PROVIDER OPTION MEDICAL	Provider Pending
10373 09/08/2022	Des, 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)

Canceled by Referral

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  
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

Order Notes

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

Note type  
Note\*  
Type a message  
Submit

