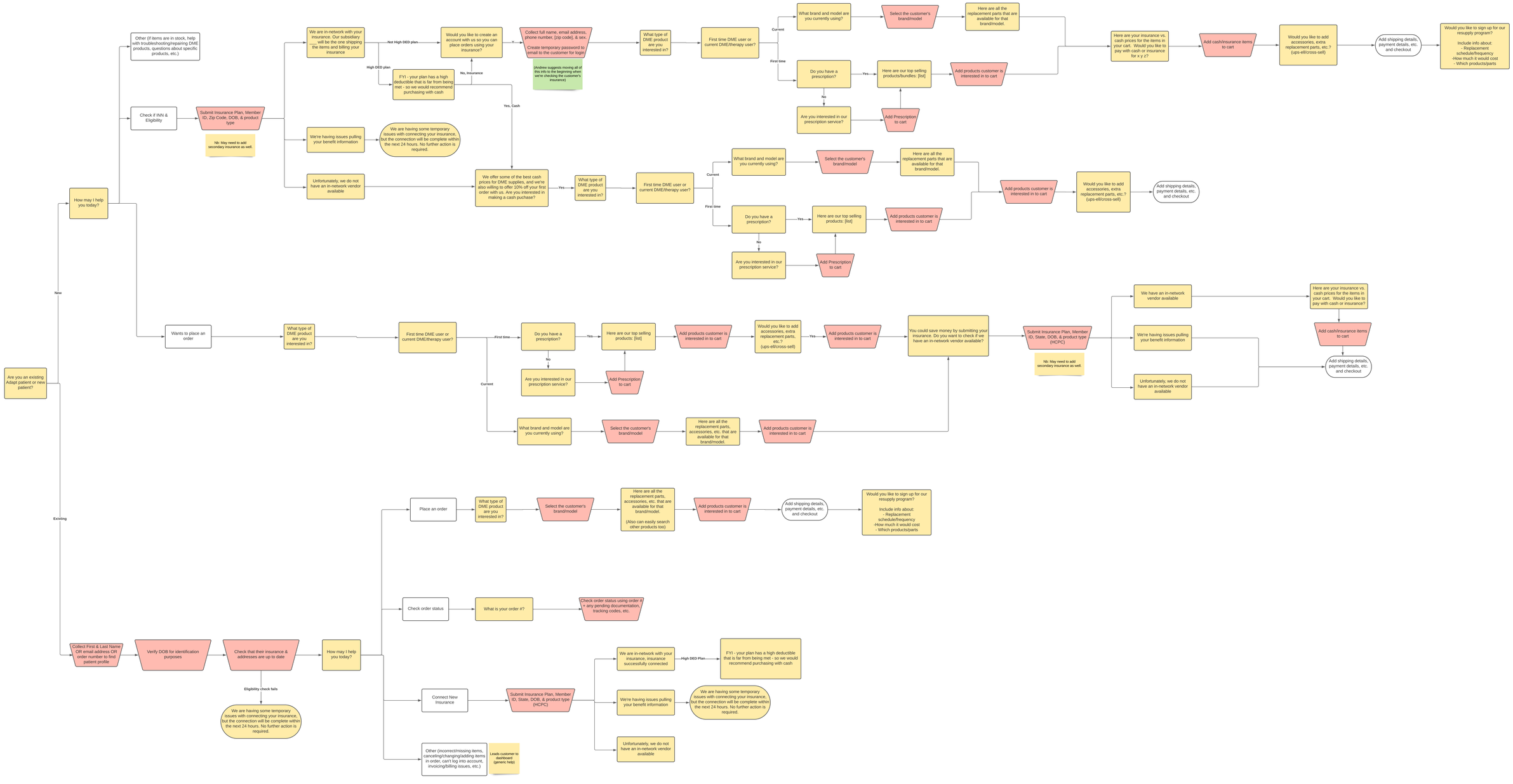
Are you an existing Adapt patient or new patient?
New
Existing
How may I help you today?
Other (if items are in stock, help with troubleshooting/repairing DME products, questions about specific products, etc.)
Check if INN & Eligibility
Submit Insurance Plan, Member ID, Zip Code, DOB, & product type
Nb: May need to add secondary insurance as well.
We are in-network with your insurance. Our subsidiary ___ will be the one shipping the items and billing your insurance
Not High DED plan
High DED plan
Would you like to create an account with us so you can place orders using your insurance?
Y
Collect full name, email address, phone number, [zip code], & sex.
Create temporary password to email to the customer for login
(Andrew suggests moving all of this info to the beginning when we're checking the customer's insurance)
FYI - your plan has a high deductible that is far from being met - so we would recommend purchasing with cash
No, Insurance
Yes, Cash
We're having issues pulling your benefit information
We are having some temporary issues with connecting your insurance, but the connection will be complete within the next 24 hours. No further action is required.
Unfortunately, we do not have an in-network vendor available
We offer some of the best cash prices for DME supplies, and we're also willing to offer 10% off your first order with us. Are you interested in making a cash puchase?
Yes
What type of DME product are you interested in?
First time DME user or current DME/therapy user?
Current
First time
What brand and model are you currently using?
Select the customer's brand/model
Here are all the replacement parts that are available for that brand/model.
Do you have a prescription?
Yes
Here are our top selling products/bundles: [list]
Add products customer is interested in to cart
No
Are you interested in our prescription service?
Add Prescription to cart
Here are your insurance vs. cash prices for the items in your cart. Would you like to pay with cash or insurance for x y z?
Add cash/insurance items to cart
Would you like to add accessories, extra replacement parts, etc.? (ups-ell/cross-sell)
Add shipping details, payment details, etc. and checkout
Would you like to sign up for our resupply program?
Include info about:
- Replacement schedule/frequency
-How much it would cost
- Which products/parts
Wants to place an order
What type of DME product are you interested in?
First time DME user or current DME/therapy user?
First time
Current
Do you have a prescription?
Yes
Here are our top selling products: [list]
Add products customer is interested in to cart
Would you like to add accessories, extra replacement parts, etc.? (ups-ell/cross-sell)
Yes
Add products customer is interested in to cart
No
Are you interested in our prescription service?
Add Prescription to cart
What brand and model are you currently using?
Select the customer's brand/model
Here are all the replacement parts, accessories, etc. that are available for that brand/model.
Add products customer is interested in to cart
You could save money by submitting your insurance. Do you want to check if we have an in-network vendor available?
Submit Insurance Plan, Member ID, State, DOB, & product type (HCPC)
Nb: May need to add secondary insurance as well.
We have an in-network vendor available
We're having issues pulling your benefit information
Unfortunately, we do not have an in-network vendor available
Here are your insurance vs. cash prices for the items in your cart. Would you like to pay with cash or insurance?
Add cash/insurance items to cart
Add shipping details, payment details, etc. and checkout
Collect First & Last Name OR email address OR order number to find patient profile
Verify DOB for identification purposes
Check that their insurance & addresses are up to date
Eligibility check fails
We are having some temporary issues with connecting your insurance, but the connection will be complete within the next 24 hours. No further action is required.
How may I help you today?
Place an order
What type of DME product are you interested in?
Select the customer's brand/model
Here are all the replacement parts, accessories, etc. that are available for that brand/model.
(Also can easily search other products too)
Add products customer is interested in to cart
Add shipping details, payment details, etc. and checkout
Would you like to sign up for our resupply program?
Include info about:
- Replacement schedule/frequency
-How much it would cost
- Which products/parts
Check order status
What is your order #?
Check order status using order # + any pending documentation, tracking codes, etc.
Connect New Insurance
Submit Insurance Plan, Member ID, State, DOB, & product type (HCPC)
We are in-network with your insurance. insurance successfully connected
High DED Plan
FYI - your plan has a high deductible that is far from being met - so we would recommend purchasing with cash
We're having issues pulling your benefit information
We are having some temporary issues with connecting your insurance, but the connection will be complete within the next 24 hours. No further action is required.
Unfortunately, we do not have an in-network vendor available
Other (incorrect/missing items, canceling/changing/adding items in order, can't log into account, invoicing/billing issues, etc.)
Leads customer to dashboard (generic help)