



**Add Time Back to
Your Day with Strive
Medical's Online
Ordering Portal**



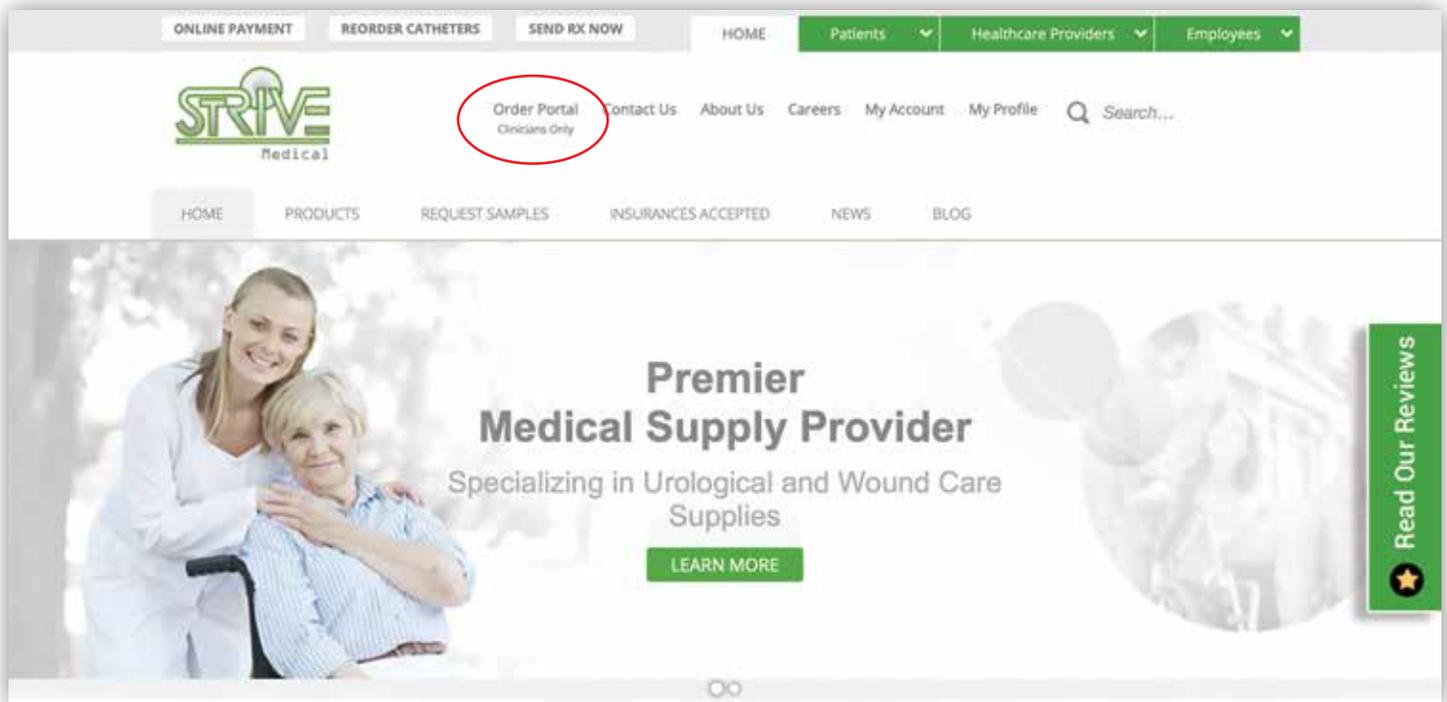
strivemedical.com

Our Online Ordering Portal Has Some Amazing Features!

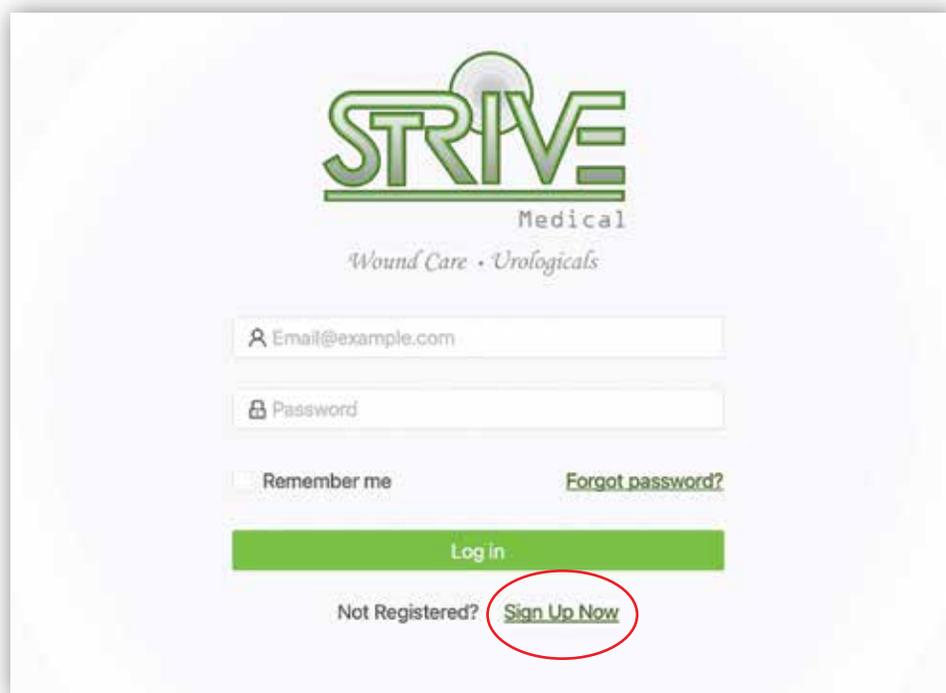
- Easy Registration
- Hassle-free ordering
- Single source for:
 - Ordering patient's supplies electronically
 - Tracking the status of your urology and wound care orders
 - Viewing all clinicians' urology and wound care orders across your practice
 - Checking order history
- Special features available:
 - Easy order sorting
 - Filter your orders by type, dates, or by specific order
 - Direct contact with your Strive Medical patient care coordinator
 - Receiving real-time order alerts
 - eSignature available for your orders
- *And more!*



1. To get started, visit our website **strivemedical.com** and click on the top menu item: **Order Portal – Clinicians Only**.



2. Click on the **Sign Up Now** button at the bottom to register your practice and place orders online.



3. Fill out the **required fields** about your practice.

Sign Up

Welcome to Strive Medical's Online Ordering Portal.
Register your clinic today to easily submit and track your patient's orders online!

PERSONAL INFORMATION

* E-mail

* Password  

* Confirm Password 

* First name

* Last name

Mobile Phone Number 

CLINIC INFORMATION

* Clinic Name

Clinic Phone Number

* Clinic Address Line 1

Address Line 2

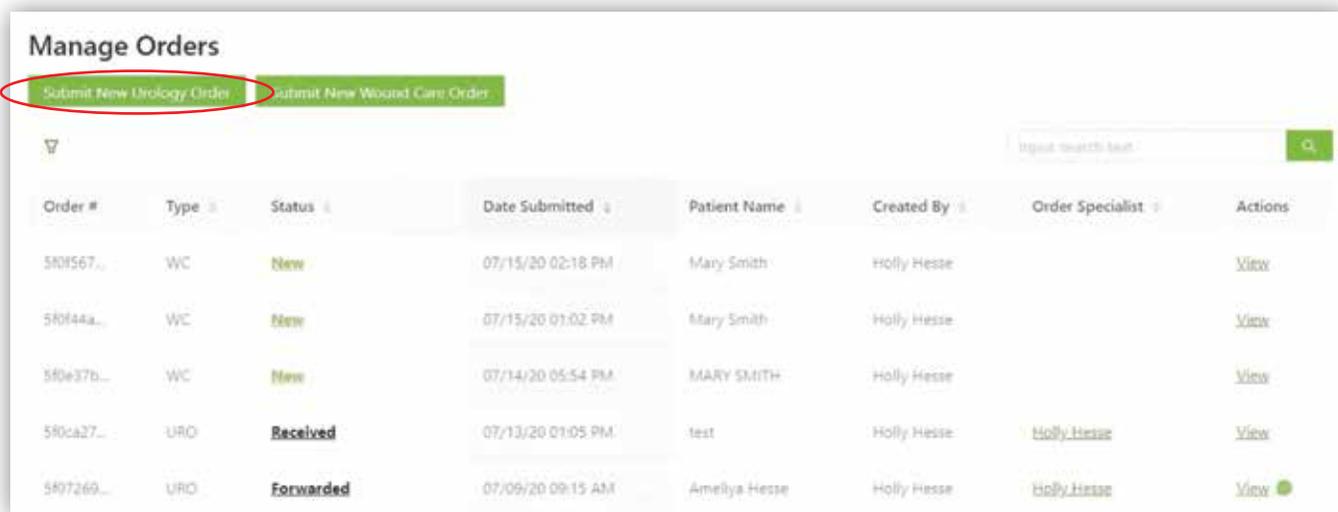
* City * Zip Code

* State

The Strive team will be notified to activate your account, and you will receive an email confirmation once complete. Once your account is active, you can use the ordering, messaging and tracking features through the portal! Create a shortcut on your desktop to portal.strivemedical.com for easy access.

Submitting a New Urology Order Through the Portal

1. Once you've created an account, simply type **portal.strivemedical.com** into your browser to open the online ordering portal and log in with the credentials you chose at sign up.
2. Click on **Submit New Urology Order** to order your patient the supplies they need.



Order #	Type	Status	Date Submitted	Patient Name	Created By	Order Specialist	Actions
580567...	WC	New	07/15/20 02:18 PM	Mary Smith	Holly Hesse		View
58044a...	WC	New	07/15/20 01:02 PM	Mary Smith	Holly Hesse		View
580e37b...	WC	New	07/14/20 05:54 PM	MARY SMITH	Holly Hesse		View
580ca27...	URO	Received	07/13/20 01:05 PM	test	Holly Hesse	Holly Hesse	View
5807269...	URO	Forwarded	07/09/20 09:15 AM	Amelija Hesse	Holly Hesse	Holly Hesse	View

3. Fill out the **patient demographic information** and make sure to choose their insurance plan.



New Order (Urology)

Please use the form below to submit a new order.

DEMOGRAPHICS

* Patient Name:

Patient Gender:

* Patient Phone Number:

Date of Birth:

* Primary Insurance:

Secondary Insurance:

4. Next, fill out the **diagnosis and questionnaire fields** below. These are important to provide because different insurance plans have different requirements.

New Order (Urology)

Please use the form below to submit a new order.

> **DEMOGRAPHICS**

▼ **DIAGNOSIS AND QUESTIONNAIRE**

* Primary

Urinary Retention R33.9

Urinary Incontinence R32

Other

Is the patient allergic to Latex? Yes No

* Does the patient have samples on hand? Yes No

Is the patient currently enrolled in a SNF (Skilled Nursing Facility) or Home Health episode? Yes No

Length of Need Lifetime

History of documented UTI? Yes No

Additional Diagnosis Information

5. Then, you'll **select the product(s)** your patient requires from the drop-down list.

▼ **UROLOGY PRODUCTS**

* Product 1:

▼ **REFERRAL IN**

* Phys

- Intermittent Straight-Tip Catheters (A4351)
- Intermittent Coude-Tip Catheters (A4352)
- Intermittent Closed-System Catheters (A4353)
- Male External Catheters (A4349)
- Foley Catheter 2-Way
- Custom / Miscellaneous Item(s)

Per Federal guidelines, the information on this order form must be corroborated with the patient's medical records. The insurance may request additional information in the form of an audit so the medical records must correspond with this order. The medical records support the need for the items being requested and medical necessity was confirmed by prescribing physician. The patient has been notified that a Strive Medical representative will be contacting them regarding this supply order.

- Once you have selected a specific product from the drop-down list, you will see the **associated fields** appear. You can add brand-specific information in the product note and any additional items or comments in the Order Notes section. *See the example below for fields that appear when choosing the Intermittent Straight-Tip Catheters.*
- You'll be able to add your patient's **frequency of use** for the product. Once you've added one product and the associated information, you have the option to **add another product** to the order.

▼ UROLOGY PRODUCTS

+ Product 1: Intermittent Straight-Tip Catheters (A4351)

+ French Size:

+ Length:

+ Frequency of Change:

Product Note:

Order Notes / Comments:

- Finally, you will type the **name of the clinician** ordering the supplies along with their **NPI number**. Check the box for the physician to electronically sign and provide the email address at the prompt (optional). You have the option of **adding files** such as office visit notes or demographic information. Click **Submit Order Now**.

▼ REFERRAL INFORMATION

+ Physician Name: Doctor Smith

NPI:

Please check this box if the physician will be electronically signing this order.

Per Federal guidelines, the information on this order form must be corroborated with the patient's medical records. The insurance may request additional information in the form of an audit so the medical records must correspond with this order. The medical records support the need for the items being requested and medical necessity was confirmed by prescribing physician. The patient has been notified that a Strive Medical representative will be contacting them regarding this supply order.

▼ DOCUMENTS ⓘ

Still have questions?

We have several helpful training videos available at
strivemedical.com/all-clinicians.html



Urologicals | Wound Care

Register today to get started!
Call us at **888.771.9229** with any questions.

strivemedical.com