



# How to Place Insurance Orders on Upgraded SupplyManager

Welcome to your upgraded insurance ordering experience! We're excited to make your insurance ordering transition smoother so you can enjoy a more intuitive and secure ordering process, designed just for you.

## Access Insurance Ordering Workflow

In the upper right, select the down arrow next to your account information to open the account selector pane. From the account selector, select a **Clinician**, **Patient**, and **Shipping Address** to start a new insurance order.

Account #123456789  
(Patient Home Delivery)  
TEST HHA VABEACH

(0)  
\$0.00

Select row to update

Account #123456789  
**TEST HHA VABEACH**  
12234 BETTER HEALTH WAY, STE C100, VIRGINIA BEACH, VA 23462-4376

Clinician ID #  
**Select a Clinician**

Patient ID #  
**Select a Patient**

Shipping Address #58230183  
TEST HHA VABEACH  
**STE C100, 12234 BETTER HEALTH WAY, VIRGINIA BEACH, VA 23462-4376**

## View Insurance Information

The **New Insurance Order** page provides an overview of your selected account, (clinician, patient, shipping address), and any existing insurance information associated with the patient in the left pane.

In the right pane, if the patient has existing primary or secondary insurance information, you can view, edit, or delete those details. If the patient does not have any existing primary or secondary insurance, you can add a new payor for either or both.

**NOTE:** Primary insurance is the only information required to submit an insurance order. Orders without primary insurance information will be billed back to the agency. Select the **Continue with Agency Order** button to progress to the cart without providing primary insurance information.

### New Insurance Order

Account #: 123456789  
(Patient Home Delivery)  
TEST HHA VABEACH

>

Clinician ID: DRNINA007  
CALIENTE, NINA

>

Patient ID: 12687  
PANCAKES, ELIZA

>

Shipping Address:  
9954 MAYLAND DR.  
HENRICO, VA 23233

>

Patient Insurance:

>

Diagnosis

>

### Patient Insurance Information

Please confirm that payor information is correct and accurate.

#### Primary Payor/Plan

+ Add Primary Payor

You have not provided a primary payor. This information is required to complete your insurance order.  
Orders without a primary payor will be processed as agency orders.

#### Secondary Payor/Plan

+ Add Secondary Payor

You have not provided a secondary payor.

CONTINUE WITH AGENCY ORDER

## Add New Primary Insurance Information

- 1 On the Primary Insurance card, select **Add New Primary Payor** to access the primary insurance form.
- 2 Fields marked with an asterisk (\*) are required to save primary insurance.

### Primary Payor/Plan

Enter insurance payor and policy holder information. Required fields are marked with an asterisk \*.

PAYOR/PLAN *		PAYOR PHONE (555-555-5555) *	
<input type="text" value="Select Payor"/>		<input type="text"/>	
POLICY # *	GROUP #	PLAN #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
EFFECTIVE DATE (MM/DD/YYYY)	EXPIRES (MM/DD/YYYY)		
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>		

### Policy holder information

POLICY HOLDER *			
<input type="text" value="Select a Policy Holder"/>			
FIRST NAME *	MIDDLE NAME	LAST NAME *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
GENDER *	DATE OF BIRTH * (MM/DD/YYYY)	PHONE (555-555-5555)	
<input type="text" value="Select a Gender"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	
ADDRESS 1		ADDRESS 2	
<input type="text"/>		<input type="text"/>	
ADDRESS 3		CITY	
<input type="text"/>		<input type="text"/>	
STATE	ZIP CODE		
<input type="text" value="Select One"/>	<input type="text"/>		

- 3 From the **Payor/Plan** list, select an existing payor/plan or select **Add New Payor/Plan** if the correct payor/plan is not already in the list.
- 4 From the **Policy Holder** list, select the designated policy holder. Selecting **Self** will automatically populate any applicable fields associated with the patient record.
- 5 Complete the required fields and select the **Save Information** button.

**NOTE:** Primary insurance is the only information required to submit an insurance order. Orders without primary insurance information will be billed back to the agency.

## Add New Secondary Insurance Information

- 1 On the Secondary Insurance card, select Add New Secondary Payor to access the secondary insurance form.
- 2 Fields marked with an asterisk (\*) are required to save secondary insurance.

### Secondary Payor/Plan

Enter insurance payor and policy holder information. Required fields are marked with an asterisk \*.

PAYOR/PLAN *		PAYOR PHONE (555-555-5555) *	
<input type="text" value="Select Payor"/>		<input type="text"/>	
POLICY # *	GROUP #	PLAN #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
EFFECTIVE DATE (MM/DD/YYYY)	EXPIRES (MM/DD/YYYY)		
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>		

### Policy holder information

POLICY HOLDER *		
<input type="text" value="Select a Policy Holder"/>		
FIRST NAME *	MIDDLE NAME	LAST NAME *
<input type="text"/>	<input type="text"/>	<input type="text"/>
GENDER *	DATE OF BIRTH * (MM/DD/YYYY)	PHONE (555-555-5555)
<input type="text" value="Select a Gender"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>
ADDRESS 1		ADDRESS 2
<input type="text"/>		<input type="text"/>
ADDRESS 3		CITY
<input type="text"/>		<input type="text"/>
STATE	ZIP CODE	
<input type="text" value="Select One"/>	<input type="text"/>	

- 3 From the **Payor/Plan list**, select an existing payor/plan or select **Add New Payor/Plan** if the correct payor/plan is not already in the list.
- 4 From the **Policy Holder** list, select the designated policy holder. Selecting Self will automatically populate any applicable fields associated with the patient record.
- 5 Complete the required fields and select the **Save Information** button.

## Edit Primary Insurance Information

- 1 On the Primary Payor/Plan card, select the **Edit** icon to access the primary insurance form.

**Primary Payor/Plan**

EditRemove

<b>Payor/Plan:</b> LANDGRAAB INSURANCE	<b>Policy Number:</b> 75584	
<b>Policy Holder:</b> BELLA GOTH	<b>Gender:</b> Female	<b>Date of Birth:</b> 03/02/1965

- 2 Existing primary insurance information is automatically populated on the form.

**Primary Payor/Plan**

Enter insurance payor and policy holder information. Required fields are marked with an asterisk \*.

<b>PAYOR/PLAN *</b>		<b>PAYOR PHONE (555-555-5555) *</b>	
MEDICARE		(888) 888-8888	
<b>POLICY # *</b>	<b>GROUP #</b>	<b>PLAN #</b>	
PP	G	HELLO	
<b>EFFECTIVE DATE (MM/DD/YYYY)</b>		<b>EXPIRES (MM/DD/YYYY)</b>	
mm/dd/yyyy		mm/dd/yyyy	
<b>Policy holder information</b>			
<b>POLICY HOLDER *</b>			
Self			
<b>FIRST NAME *</b>	<b>MIDDLE NAME</b>	<b>LAST NAME *</b>	
BELLA	MIDDLE	GOTH	
<b>GENDER *</b>	<b>DATE OF BIRTH * (MM/DD/YYYY)</b>	<b>PHONE (555-555-5555)</b>	
Female	03/02/1965	(888) 999-7777	
<b>ADDRESS 1</b>		<b>ADDRESS 2</b>	
1200 WESTWOOD AVE			
<b>ADDRESS 3</b>		<b>CITY</b>	
		RICHMOND	
<b>STATE</b>	<b>ZIP CODE</b>		
Virginia	23227		
		CANCEL	SAVE INFORMATION

- 3 Make any necessary edits, ensuring all required fields are complete.
- 4 From the **Payor/Plan** list, select an existing payor/plan or select **Add New Payor/Plan** if the correct payor/plan is not already in the list.

5 From the **Policy Holder** list, select the designated policy holder. Selecting **Self** will automatically populate any applicable fields associated with the patient record.



6 Complete the required fields and select the **Save Information** button.

**NOTE:** Primary insurance is the only information required to submit an insurance order. Orders without primary insurance information will be billed back to the agency.

## Edit Secondary Insurance Information

1 On the Secondary Payor/Plan card, select the Edit icon to access the secondary insurance form.

Secondary Payor/Plan



Payor/Plan: 9 LIVES INS

Policy Number: 16548

Policy Holder: BELLA GOTH

Gender: Female

Date of Birth: 03/31/2025

2 Existing secondary insurance information is automatically populated on the form.

Secondary Payor/Plan

Enter insurance payor and policy holder information. Required fields are marked with an asterisk \*.

PAYOR/PLAN \*

PAYOR PHONE (555-555-5555) \*

POLICY # \*

GROUP #

PLAN #

EFFECTIVE DATE (MM/DD/YYYY)

EXPIRES (MM/DD/YYYY)

Policy holder information

POLICY HOLDER \*

FIRST NAME \*

MIDDLE NAME

LAST NAME \*

GENDER \*

DATE OF BIRTH \* (MM/DD/YYYY)

PHONE (555-555-5555)

ADDRESS 1

ADDRESS 2

ADDRESS 3

CITY

STATE

ZIP CODE

CANCEL



SAVE INFORMATION

From the **Payor/Plan** list, select an existing payor/plan or select Add New Payor/Plan if the correct payor/plan is not already in the list.

- 3 From the **Policy Holder** list, select the designated policy holder. Selecting **Self** will automatically populate any applicable fields associated with the patient record.
- 4 Complete the required fields and select the **Save Information** button.

## Delete Primary Insurance

- 1 On the Primary Payor/Plan card, select **Remove** to remove existing primary insurance information from this order.

Primary Payor/Plan			 Edit	 Remove
Payor/Plan: LANDGRAAB INSURANCE	Policy Number: 75584			
Policy Holder: BELLA GOTH	Gender: Female	Date of Birth: 03/02/1965		

- 2 On the pop-up confirmation window, select the **Delete Information** button to confirm the deletion or the **Cancel** button to cancel out of the deletion.

☒ Confirm Primary Payor Deletion ×



Primary insurance information is required to complete your insurance order. Orders without this information will be processed as agency orders.

Are you sure you want to delete this primary payor?

CANCEL DELETE INFORMATION

## Delete Secondary Insurance

- 1 On the Secondary Payor/Plan card, select **Remove** to remove existing secondary insurance information from this order.

Secondary Payor/Plan			 Edit	 Remove
Payor/Plan: 9 LIVES INS	Policy Number: 16548			
Policy Holder: BELLA GOTH	Gender: Female	Date of Birth: 03/31/2025		

2

On the pop-up confirmation window, select the **Delete Information** button to confirm the deletion or the Cancel button to **cancel** out of the deletion.

☒ Confirm Secondary Payor Deletion ×

Secondary insurance information is optional to complete your insurance order.  
Are you sure you want to delete this secondary payor?

CANCEL DELETE INFORMATION

## View Diagnosis Information

When you have completed providing primary and secondary insurance information, select the **Next** button to choose the diagnoses associated with the supplies in this order, or select **Diagnosis** from the left pane at any time.

Any existing diagnoses associated with the patient are displayed on the Select Diagnosis page. If the patient does not have existing diagnoses, you can add them at this time.

### NOTES:

- Diagnosis information is not required to submit an insurance order, but it's strongly recommended that you provide as much detail as possible to avoid delays in insurance coverage verification.
- Any diagnoses added or removed apply to this order only. Diagnoses in the patient record can be added, edited, and deleted using the Patient Maintenance tool for those who have access.

**Diagnosis Information**  
Please select one or more diagnoses to proceed. You can also add, edit, or remove an existing diagnosis.

New Diagnosis + Add Diagnosis







Can't find the diagnosis you're looking for in the list below?

ALL SELECTED





ICD: A24.1	Wound:	Date created: 04/16/2025	<span>+</span> Add
Description: Acute and fulminating melioidosis		Date modified: 04/16/2025	
Physician: MHN , NAN2	Phone: 850-006-7234	Fax:	
ICD: R46.1	Wound:	Date created: 04/02/2025	<span>+</span> Add
Description: Bizarre personal appearance		Date modified: 04/02/2025	
Physician: jones , john	Phone:	Fax:	
ICD: W61.62XA	Wound:	Date created: 03/28/2025	<span>+</span> Add
Description: Struck by duck, initial encounter		Date modified: 03/28/2025	
Physician: MHN	Phone: 850-006-7234	Fax:	
ICD: T75.01XD	Wound:	Date created: 03/27/2025	<span>+</span> Add
Description: Shock due to being struck by lightning, subsequent encounter		Date modified: 03/27/2025	

NEXT

- 1 Select the Add icon to add an existing diagnosis to this order. Continue selecting the add icon to add multiple diagnoses to the order. Those diagnoses are marked as selected, moved to the top of the list, and highlighted.


ALL				SELECTED (2)	
ICD: R46.1	Wound:	Date created: 05/05/2025			
Description: Bizarre personal appearance		Date modified: 05/05/2025			
Physician: jones , john	Phone:	Fax:	Edit	Remove	
ICD: A24.1	Wound:	Date created: 05/05/2025			
Description: Acute and fulminating melioidosis		Date modified: 05/05/2025			
Physician: MHN , NAN2	Phone: 850-006-7234	Fax:	Edit	Remove	
ICD: W61.62XA	Wound:	Date created: 03/28/2025			
Description: Struck by duck, initial encounter		Date modified: 03/28/2025			
Physician: MHN	Phone: 850-006-7234	Fax:			Add
ICD: T75.01XD	Wound:	Date created: 03/27/2025			
Description: Shock due to being struck by lightning, subsequent encounter		Date modified: 03/27/2025			
					Add

- 2 The Selected tab shows only the diagnoses that have been selected for this order.

ALL				SELECTED (2)	
ICD: R46.1	Wound:	Date created: 05/05/2025			
Description: Bizarre personal appearance		Date modified: 05/05/2025			
Physician: jones , john	Phone:	Fax:	Edit	Remove	
ICD: A24.1	Wound:	Date created: 05/05/2025			
Description: Acute and fulminating melioidosis		Date modified: 05/05/2025			
Physician: MHN , NAN2	Phone: 850-006-7234	Fax:	Edit	Remove	

- 3 If there are no diagnoses associated with the selected patient, the following message is provided.

**Diagnosis**[+ Add Diagnosis](#)

 A diagnosis has not been provided. Not selecting a diagnosis may delay order processing and could result in the order being billed to the agency.





## Add Diagnoses


If the patient has no diagnoses, or the correct diagnosis is not listed, you can add a new diagnosis.


- 1 Select + **Add Diagnosis**.
- 2 On the Add Diagnosis page, ICD Code is the only required field. Diagnosis details provide additional information that may be helpful in processing the insurance order but is not required.


### New Insurance Order


**Account #:** 123456789  
(Patient Home Delivery)  
TEST HHA VABEACH

**Clinician ID:** DRNINA007 ✓  
CALIENTE, NINA

**Patient ID:** 12687 ✓  
PANCAKES, ELIZA

**Shipping Address:** ✓  
9954 MAYLAND DR.  
HENRICO, VA 23233

**Patient Insurance:** ☑

**Diagnosis** <sup>1</sup>

### Add Diagnosis Information

Enter the International Classification of Diseases (ICD) code, physician information, and diagnosis details.  
Diagnosis details are optional but recommended to ensure proper routing of any related ordering and billing. Required fields are marked with an asterisk \*.

#### ICD Code Look-up \*

A diagnosis requires a valid ICD code. Enter keywords to look up the code (e.g., "exam," "hypertension," "diabetes," etc.).

ICD CODE \*

LOOK UP ICD CODE

#### Physician Look-up

Search using one or more fields, or enter physician information to save a new physician for this order.

NATIONAL PROVIDER IDENTIFIER

FIRST NAME

LAST NAME

PHONE (555-555-5555)

LOOK UP PHYSICIAN

### Diagnosis Details <sup>1</sup>

WOUND CARE

DIABETES

OSTOMY

**TYPE\***

Select a wound type

**LOCATION\***

Select a location

**PROTOCOL\***

Select the protocol

**STAGE**

Select a stage

**DRAINAGE**

Select the level of drainage

**Location Detail (Optional)**

☐ Left

☐ Right

☐ N/A

☐ Medial

☐ Lateral

☐ N/A

☐ Superior

☐ Inferior

☐ N/A

☐ Proximal

☐ Distal

☐ N/A

**LENGTH(CM)**


**WIDTH(CM)**

**DEPTH(CM)**

CANCEL

ADD DIAGNOSIS

- 3 On the form, enter an ICD code or description and select the **Look Up ICD Code** button.

 **ICD Code Look-up \***

A diagnosis requires a valid ICD code. Enter keywords to look up the code (e.g., "exam," "hypertension," "diabetes," etc.).

ICD CODE \*

struck by duck

ICD Code   Description
W61.62   <b>Struck by duck</b>
W61.62XA   <b>Struck by duck</b> , initial encounter
W61.62XD   <b>Struck by duck</b> , subsequent encounter
W61.62XS   <b>Struck by duck</b> , sequela

- 4 For Physician Look-up, you can select an existing physician or add a new physician. To select an existing physician, enter the physician's information and select the **Look Up Physician** button. To add a new physician, enter the physician's information, which will be saved when you select the **Add Diagnosis** button.

**NOTE:** National Provider Identifier (NPI) number is required to save a new physician.

 **Physician Look-up**

Search using one or more fields, or enter physician information to save a new physician for this order.

NATIONAL PROVIDER IDENTIFIER	FIRST NAME
<input type="text"/>	<input type="text"/>
LAST NAME	PHONE (555-555-5555)
<input type="text"/>	<input type="text"/>

LOOK UP PHYSICIAN

5

There are several tabs in the Diagnosis Details section you can use to provide additional details about the diagnosis that may be helpful in determining insurance coverage verification. You're encouraged to enter as many details as possible, but it is not required to save the new diagnosis. You can enter additional details for the following: Wound Care, Diabetes, Ostomy.

**NOTE:** If you would like to enter wound care details, the following fields are required to save the diagnosis:

- Type
- Location
- Protocol

Diagnosis Details<sup>1</sup>

WOUND CARE
DIABETES
OSTOMY

TYPE\*

Select a wound type

LOCATION\*

Select a location

PROTOCOL\*

Select the protocol

STAGE

Select a stage

DRAINAGE

Select the level of drainage

Location Detail (Optional)

☐ Left
☐ Medial
☐ Superior
☐ Proximal

☐ Right
☐ Lateral
☐ Inferior
☐ Distal

☐ N/A
☐ N/A
☐ N/A
☐ N/A

LENGTH(CM)

WIDTH(CM)

DEPTH(CM)

### Wound Care tab

Diagnosis Details<sup>1</sup>

WOUND CARE
DIABETES
OSTOMY

Does this patient use Diabetes-related injections?

☐ Yes
☐ No

INJECTING TIMES PER DAY

TESTING TIMES PER DAY

### Diabetes tab

Diagnosis Details<sup>1</sup>

WOUND CARE
DIABETES
OSTOMY

☐ Patient is incontinent

### Ostomy tab

- 6 When you have completed your edits, select the **Save Diagnosis** button.
- 7 If you have not made any changes and select the **Cancel** button, you will return to the Select Diagnosis page. If you have made changes and select the **Cancel** button, on the pop-up confirmation window, select **Keep Editing** to return to the Edit Diagnosis page, and select **Discard Changes** to return to the Select Diagnosis page without saving any edits you have made.

☒ Unsaved Changes ×







You have unsaved changes to your Diagnosis Form.  
Are you sure you want to discard these changes?

KEEP EDITINGDISCARD CHANGES

## Remove Diagnosis

If you have selected a diagnosis to associate with this order that is no longer applicable, you can remove it from the list of selected diagnoses.

- 1 On the Select Diagnosis page, select the **Remove** icon to remove the diagnosis from the order.


ALL				SELECTED (2)	
ICD: R46.1	Wound:	Date created: 05/05/2025	 Edit	 Remove	
Description: Bizarre personal appearance		Date modified: 05/05/2025			
Physician: jones , john	Phone:	Fax:			
ICD: A24.1	Wound:	Date created: 05/05/2025	 Edit	 Remove	
Description: Acute and fulminating melioidosis		Date modified: 05/05/2025			
Physician: MHN , NAN2	Phone: 850-006-7234	Fax:			
ICD: W61.62XA	Wound:	Date created: 03/28/2025	 Add		
Description: Struck by duck, initial encounter		Date modified: 03/28/2025			
Physician: MHN	Phone: 850-006-7234	Fax:			
ICD: T75.01XD	Wound:	Date created: 03/27/2025	 Add		
Description: Shock due to being struck by lightning, subsequent encounter		Date modified: 03/27/2025			


- 2 The removed diagnosis is no longer highlighted at the top of the list or shown on the Selected tab, confirming it has been removed from the order.

ALL				SELECTED (1)	
ICD: A24.1	Wound:	Date created: 05/05/2025	Edit Remove		
Description: Acute and fulminating melioidosis		Date modified: 05/05/2025			
Physician: MHN , NAN2	Phone: 850-006-7234	Fax:			
ICD: R46.1	Wound:	Date created: 04/02/2025	Add		
Description: Bizarre personal appearance		Date modified: 04/02/2025			
Physician: jones , john	Phone:	Fax:			
ICD: W61.62XA	Wound:	Date created: 03/28/2025	Add		
Description: Struck by duck, initial encounter		Date modified: 03/28/2025			
Physician: MHN	Phone: 850-006-7234	Fax:			
ICD: T75.01XD	Wound:	Date created: 03/27/2025	Add		
Description: Shock due to being struck by lightning, subsequent encounter		Date modified: 03/27/2025			

## Edit HCPCS

- 1 On the Cart page, when adding an item to the cart using the **Quick Add** feature, the Add to Cart pop-up window provides the ability to edit the HCPCS code associated with the item.


 Edit Item



#225940 | McKesson Brand #58-404 | Customer Contract  
**PAD, ALCOHOL PREP STR LG (100/BX 10BX/CS)**  
HCPCS ⓘ  
  
HCPCS codes consist of a single letter followed by 4 numbers.

UNIT OF MEASURE

QUANTITY

 In Stock  
Arrives from your local warehouse.  
\$1.51 × 1 per BX/100  
Estimated Product Weight 0.46 lbs  
COMMENTS  
  
Characters left: 200

Subtotal: \$1.51

REMOVE ITEM

CANCEL


SAVE CHANGES

2

You can also edit an item's HCPCS code in the Cart by selecting **Edit** on the card for that item to access the Edit Item pop-up window.


ALL ITEMS (1)


PATIENT REORDER GUIDE>



#225940 | McKesson Brand #58-404 | Customer Contract


PAD, ALCOHOL PREP STR LG (100/BX 10BX/CS)


 In Stock

 Arrives from your local warehouse.


\$1.51 x 1 per BX/100


\$1.51


 Remove

 Edit

HCPCS A4245


 Edit Item





#225940 | McKesson Brand #58-404 | Customer Contract

PAD, ALCOHOL PREP STR LG (100/BX 10BX/CS)

HCPCS 

A4245


HCPCS codes consist of a single letter followed by 4 numbers.


UNIT OF MEASURE

BX/100 \$1.51

QUANTITY

1

 In Stock

 Arrives from your local warehouse.

\$1.51 x 1 per BX/100

Subtotal:

\$1.51

Estimated Product Weight

0.46 lbs

COMMENTS

Characters left: 200

# Checkout Messaging

During the checkout process, you'll have the opportunity to track the status of your insurance and diagnosis details, verify the accuracy of the information provided, and make any necessary edits to ensure everything is up to date.


## Cart Page

On the Cart page, in the right pane, messaging at the top of the page notifies you of the status of insurance and diagnosis information. This check only indicates whether information has been provided or not but does not verify the validity of the data entered.


✓ Insurance Status: Patient's primary payor Information is complete.	Edit >
✓ Diagnosis Status: Diagnosis is complete.	Edit >


In the left pane, you will see a summary of any insurance and diagnosis information associated with the order.

➔ Select **Edit** from the status message or summary to make updates to insurance and diagnosis information.


 **Patient ID:** 12687


ELIZA, PANCAKES

 SWITCH

 **Clinician ID:** DRNINA007

NINA, CALIENTE

 SWITCH


 **Patient Insurance** ✓


**Primary Payor:** LANDGRAAB INSURANCE

Policy #: 831568

ELIZA, PANCAKES

**Secondary Payor:** Not Provided

 EDIT


 **Diagnosis** ✓

**ICD Code:** Z63.1

**Description:** Problems in relationship with in-laws

**Wound:**

**Physician:** BETTY, RUBBLE

 EDIT





# Order Successfully Completed Page

After placing the order, the Order Successfully Completed page provides a review of the insurance and diagnosis information on the order and the Product Coverage message.

Shop Products

Orders

Tools

Reports

Resources

Need Help?

Kelly Coleman

All Products

What can we help you find?

Account #123456789

(Patient Home Delivery)

TEST HHA VABEACH

(0)

\$0.00

Cart

Checkout

Complete

Order Successfully Completed

Thank you for placing your order with McKesson. We appreciate your business.

Anything else we might help you with?

Go to Order Status

Start a New Order

Restricted Products

If you are seeking to purchase a product that requires a federal or state license or registration to purchase, such as controlled substances, prescription drugs and, in some states, prescription medical devices, needles/syringes, non-prescription drugs or other medical products, you must provide McKesson with a copy of your valid, unexpired license or registration to purchase such product before McKesson will ship it to you at the address on your license or registration or to an alternative address authorized by you to the extent McKesson is permitted to ship the product to such alternative location under applicable law.

Reporting Shipment Discrepancies

ANY DISCREPANCY ON A SHIPMENT MUST BE APPROPRIATELY REPORTED WITHIN 10 DAYS. Please refer to the Reporting and Disclosure Obligations in McKesson Medical-Surgical Inc.'s [Terms of Sale](#). Except as necessary to meet your reporting obligations to reimbursing agencies, including Medicare and Medicaid, pricing and purchasing information are confidential and proprietary.

Federal Government Customers

If you are a Federal Government customer or ordering on behalf of a Federal Government customer, please notify us at [government.salesadmin@mcckesson.com](mailto:government.salesadmin@mcckesson.com) and McKesson Medical-Surgical can support your purchasing with important compliance information.

Questions or Concerns

If you have any questions about your order please contact Customer Service @ 1-855-571-2100.

Product Coverage

All items on this order will be reviewed for insurance coverage and product availability. Customer Service will contact you regarding any item that may not be fulfilled

ORDER SUMMARY

Order Number

INS2258497

PO Name

ERVOVQT20250507

Placed On

2025-05-07

Completed By

ERVOVQT

Estimated Total \*

\$1.51

\* Taxes and Shipping & Handling will be calculated at checkout

Billing Account

#123456789

TEST HHA VABEACH

12234 BETTER HEALTH WAY, STE C100

VIRGINIA BEACH, VA 23462-4376

GLN# (None)

Shipping Address

#100219190

PANCAKES, ELIZA

9954 MAYLAND DR.

HENRICO, VA 23233

GLN# (None)

Email Confirmation To

kelly.coleman@mcckesson.com

PRINT

Patient ID: 12687

ELIZA, PANCAKES

Clinician ID: DRNINA007

NINA, CALIENTE

Patient Insurance

Primary Payor: LANDGRAAB INSURANCE

Policy #: 831568

ELIZA, PANCAKES

Secondary Payor: 9 LIVES INS

Policy #: 579598

ELIZA, PANCAKES

Diagnosis

ICD Code: Z63.1

Description: Problems in relationship with in-laws

Wound:

Physician: BETTY, RUBBLE

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Questions?  
Contact the SupplyManager Help Desk at 800.422.0280