



## Placing an order on My ABC Connect On-Line Portal

Welcome to ABC Home Medical Online Ordering Portal! Please sign in to order eligible supplies.

Email Address

Password

Remember Me?

Sign In

Contact Us      Forgot my password

1. Open your internet browser and enter:  
[www.myresupply.com/ABCHMS](http://www.myresupply.com/ABCHMS)
2. Enter your email address and password and click "Sign In".

3. Once logged in, under Supply Eligibility, you will see the Date you are Eligible for supplies and the "Order" button.

Supply Eligibility	Supply Type	Eligible Date
	Urology	9/11/2021
	<a href="#">Order</a>	

- If the "Order" button is present, you are eligible for your order and can click "Order" to begin the order placement process.
- If the "Order" button is not present, the Eligible Date is displayed.
  - If the date is incorrect, please call 866-897-8588 and speak with a customer service representative.
  - If you are out of supplies or need to make changes to your order, please call 866-897-8588 and speak with a customer service representative.

4. You will be asked to answer three (3) questions:

- Have there been any significant changes in your condition or your prescription since we last contacted you?
- Do you have less than a 2 week supply of your Urology supplies, and would you like to order new supplies today?
- Would you like to speak to one of our customer service representatives to change an existing product or quantity you are receiving?

Once Answered click the "Next Step" button

[Next Step](#)



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5. Next you will choose the supplies you would like to order. Place a check in each box for the items you would like to select. Once finished click "Next Step"

**Step 2: Choose Supplies**

Please choose the items you would like to order below, then click the 'Next' button.

Add / Remove	Item Name	Description	Eligible Date
<input checked="" type="checkbox"/>	16 Fr Coudé Hydrophilic Coated 13"		9/11/2021

[Previous Step](#) [Next Step](#)

6. Next you will need to verify that the Billing/Delivery Address and Insurance information is correct and click "Next Step".  
• If there are changes, "No, the information above is NOT correct" and enter the changes.

**Step 3: Addresses And Insurance**

Billing Address	Delivery Address
Stuart, FL 20418 <small>P: (772) M: (772)</small>	Stuart, FL 20418 <small>P: (772)</small>
Insurance	
Primary: Medicare - Region A (DC) Policy #: _____ Effective: 5/1/2018	
Please confirm that the address and insurance information above is correct: <input checked="" type="radio"/> Yes, the information above is correct. <input type="radio"/> No, the information above is NOT correct.	

[Previous Step](#) [Next Step](#)

7. Finally, you will review the order. If everything is correct, read the Order Terms and if you accept, place a check in the box and click "Place Order"

**Step 4: Review Order**

Please verify you would like to order the items below, then click the 'Place Order' button.

Item Name	Description
16 Fr Coudé Hydrophilic Coated 13"	

Order Terms

I hereby authorize ABC Home Medical to bill my insurance carrier or Medicare on my behalf for the costs of this service. Any copayments or deductibles will be my responsibility and I agree to pay these upon invoice.

[Previous Step](#) [Place Order](#)