
The Leukemia and Lymphoma Society Co-pay Assistance Program

Patient Portal: Submitting an Expenditure

Please Note: The Expenditure requirements and process have not changed, however the portals have a new and improved look. This tutorial is designed to acquaint you with the new layout.

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Patients: Submitting an Expenditure

Login with User Name and Password



- Home
- Patient Login**
- Patient Register
- Provider Login
- Provider Register
- Pharmacy Login
- Pharmacy Register

Patient Login

Welcome to the LLS Co-Pay Assistance Program online application process. Please login.

Login

(Your email)
User Name:

Password:

If this is your first time visiting the Leukemia & Lymphoma Society and you would like to register, please click [Register](#).

If you forgot your password, click [here](#) to get new credentials.

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Patients: Submitting an Expenditure

On the Landing page you can see the status of your application, after you have been approved you can submit expenditures from this page.



Home Patient Login Patient Register Provider Login Provider Register Pharmacy Login Pharmacy Register

Patient Portal

Logout

Welcome to the Leukemia & Lymphoma Society Copay Assistance Program online application process. You can manage your applications below.

Create Application

Application ID	Approval Date	Submission Channel	Status	Expiration Date
APPLLS2015763	Nov 2, 2015	Patient Portal	Approved	Oct 31, 2016

My Expenditures

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Patients: Submitting an Expenditure

Scroll down to submit an Expenditure.

Application ID	Approval Date	Submission Channel	Status	Expiration Date
APPLLS2015763	Nov 2, 2015	Patient Portal	Approved	Oct 31, 2016

My Expenditures

There are no available Expenditures for this application

App Attachments Information

[Application Fax Cover She...](#)

[LLS Approval Letter](#)

 [Upload Application Supporting Documents](#)

Approval Date

Nov 2, 2015

Expiration Date

Oct 31, 2016

Proof of Expenditure Information

[POE Fax Cover sheet](#)

 [Submit an Expenditure](#)

You can print your application by clicking [here](#)

You can have the application sent to you via postal mail by contacting us at 877-557-2672

If you are faxing in your application, you can print the cover page [here](#)

Quick Tip

You can print the POE fax cover sheet here.

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Patients: Submitting an Expenditure

Proof of Expenditure Form – Displays the patient name, address, and award information with approval date & expiration date.



Home Patient Login Patient Register Provider Login Provider Register Pharmacy Login Pharmacy Register

P-1104 Logout

Proof of Expenditure Form

Patient ID:	103039	Middle Initial:		Last Name:	Kruske
First Name:	Ok	Street Address:	123 LLS Way	City:	Newport News
Suffix:		Zip:	23612	Date of birth:	7/28/85
State:	VA	Alien Number:			
SSN:	124-58-9632				

Guaranteed Award Amount	\$0.00	Unguaranteed Award Amount	\$10,000.00
Guaranteed Account Balance	\$0.00	Unguaranteed Account Balance	\$10,000.00

Application's Approval Date 11/2/15 Application's Expire Date: 10/31/16

* Address Payment to be Remitted to:
(Fill Out Below if Other is selected)

Verification Log

No items

+ Add Item Delete

Total \$0.00

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Patients: Submitting an Expenditure

To Start, select 'Address Payment to the Remitted to' field. (Payable to)



Home Patient Login Patient Register Provider Login Provider Register Pharmacy Login Pharmacy Register

P-1104 Logout

Proof of Expenditure Form

Patient ID: 103039
First Name: Ok Middle Initial: Last Name: Kruske
Suffix: Street Address: 123 LLS Way City: Newport News
State: VA Zip: 23612 Date of birth: 7/28/85
SSN: 124-58-9632 Alien Number:

Guaranteed Award Amount	\$0.00	Unguaranteed Award Amount	\$10,000.00
Guaranteed Account Balance	\$0.00	Unguaranteed Account Balance	\$10,000.00

Application's Approval Date 11/2/15 Application's Expire Date: 10/31/16

* Address Payment to be Remitted to:
(Fill Out Below if Other is selected)

Provider

Verification Log

No items

+ Add Item Delete

Total \$0.00

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Patients: Submitting an Expenditure

Search for Provider of Service

P-1107 Logout

Proof of Expenditure Form

Patient ID: 103050
First Name: Portal Middle Initial: Last Name: Test
Suffix: Street Address: 321 LLS Rd City: Newport News
State: VA Zip: 23612 Date of birth: 2/25/84
SSN: 235-41-7854 Alien Number:

Guaranteed Award Amount \$0.00 Unguaranteed Award Amount \$5,000.00
Guaranteed Account Balance \$0.00 Unguaranteed Account Balance \$5,000.00

Application's Approval Date 11/2/15 Application's Expire Date: 10/31/16

* Address Payment to be Remitted to: (Fill Out Below if Other is selected)

Verification Log							
	Provider*	Date From	Date To	Type Of Service	Description	Amount Submitted	
1							

Provider* Date of Service From* Date of Service To*

Type of Service* Description* Amount Submitted*


+ Add Item

Total \$250.00

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Patients: Submitting an Expenditure

Verification Log – Enter Date range, Type or Service, Description and amount.
Selected provider information will pre-populate the payable field.

P-1104 Logout 

Proof of Expenditure Form

Patient ID: 103039
First Name: Ok Middle Initial: Last Name: Kruske
Suffix: Street Address: 123 LLS Way City: Newport News
State: VA Zip: 23612 Date of birth: 7/28/85
SSN: 124-58-9632 Alien Number:

Guaranteed Award Amount	\$0.00	Unguaranteed Award Amount	\$10,000.00
Guaranteed Account Balance	\$0.00	Unguaranteed Account Balance	\$10,000.00

Application's Approval Date 11/2/15 Application's Expire Date: 10/31/16

* Address Payment to be Remitted to: (Fill Out Below if Other is selected)

Verification Log

Provider* ROBIN COOPER Date of Service From* Date of Service To*

Type of Service* Description* Amount Submitted*

Quick Tip

Type of Service is a CPT Code.
Description is the name of the
service or medication name.

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Verification Log Entry Requirements – Use 'Tab' key to move between entry fields.

Verification Log

Provider* ROBIN COOPER

Date of Service From* Date of Service To*

Type of Service*

Description* Amount Submitted*

+ Add Item Delete

Quick Tip
Usually 3 to 5 characters are needed.
Use up/down arrows to highlight auto-completed codes and select enter.
Mouse use is not supported.

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Patients: Submitting an Expenditure

Verification Log –Click Save to Save details of expense.

Verification Log							
	Provider★	Date From	Date To	Type Of Service	Description	Amount Submitted	
1	Desert Springs Cancer Care, PLC						
Provider★	Desert Springs Cancer Care, PLC	Search	Date of Service From★	11/1/2015	Date of Service To★	11/1/2015	
Type of Service★	J0001	Description★	Treatment	Amount Submitted★	58.25		
				Save	Discard		
+ Add Item		Delete					
				Total	\$0.00		

Quick Tip
Delete will remove the entire expense entry, while discard will only blank out the fields.

some

Patients: Submitting an Expenditure

Verification Log – Payee Address update, after selecting Update- fill in all fields. Then Select 'OK'.

Verification Log							
	Provider*	Date From	Date To	Type Of Service	Description	Amount Submitted	
1	Desert Springs Cancer Care, PLC						
Provider*	Desert Springs Cancer Care, PLC	Search		Date of Service From*	11/1/2015	Date of Service To*	11/1/2015
Type of Service*	J0001	Description*	Treatment	Amount Submitted*	58.25		
				Save	Discard		
+ Add Item				Delete			
				Total	\$58.25		

Update Click the button to change the information of the payee.

Payable to:

Mailing Address:

City:

State:

Zip Code:

Submit

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Patients: Submitting an Expenditure

Verification Log – additional codes/medications can be added using ‘+Add Item’ and repeating prior steps for entry. Once all codes/medications are entered click Submit.

Verification Log							
	Provider*	Date From	Date To	Type Of Service	Description	Amount Submitted	
1	Desert Springs Cancer Care, PLC						

Provider* Desert Springs Cancer Care, PLC Search Date of Service From* 11/1/2015 Date of Service To* 11/1/2015

Type of Service* J0001 Description* Treatment Amount Submitted* 58.25

Total \$58.25

Click the button to change the information of the payee.

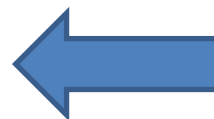
Payable to:

Mailing Address:

City:

State:

Zip Code:



Quick Tip
You can only pay on provider per expenditure. The only exception to this is when the claim is payable to the patient.

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Patients: Submitting an Expenditure


Upload supporting expenditure documents by selecting 'Browse'.

P-1106

Attach POE documentation

Proof of Expenditure Type: General

Drag and Drop Files




Drag and drop attachments here

Select a File

Description

Category

File



Files	Description	Category

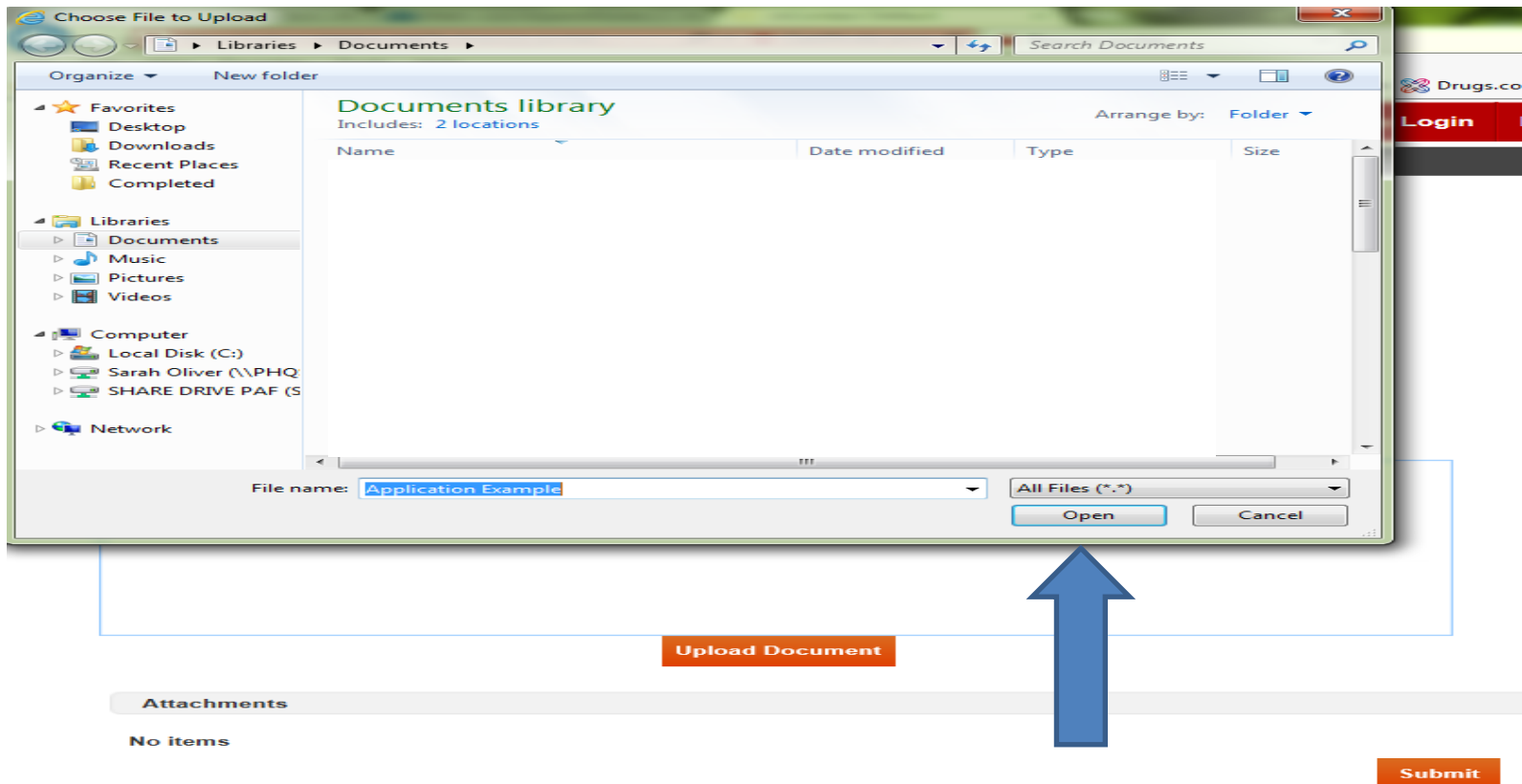
Attachments

No items

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Patients: Submitting an Expenditure

Select your supporting expenditure file in the file upload window. Click 'Open'.



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Patients: Submitting an Expenditure


Once you have selected your document, click 'Upload Document' to upload.

P-1106

Attach POE documentation

Proof of Expenditure Type: General

Drag and Drop Files



Drag and drop attachments here


Select a File

Description

Category

File

Files	Description	Category



Attachments

No items

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Patients: Submitting an Expenditure

Your file is no attached, repeat for any additional documents to upload. Once all uploaded, click 'Submit'.

Attach POE documentation

Proof of Expenditure Type: General

Drag and Drop Files



Drag and drop attachments here

Select a File


Description

Category

File

Files	Description	Category

Attachments

 **Application Example** (P-1106) Created by PHP Portal
11/2/2015 12:17 PM



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Patients: Submitting an Expenditure

Sign and Submit that expenditure is completed, accurate, and supporting documents have been uploaded.

P-1106

Electronic Signature

Electronic Signature

I hereby certify that the foregoing statements, including any accompanying statements and/or documents submitted are true, complete and accurate to the best of my knowledge.

Please enter a value in the box below that represents you signing this document.

Back

Sign and Submit

Submit Without Signing

Submit



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Patients: Submitting an Expenditure

Portal Landing Page – You can check the status of an expenditure on this page

Application ID	Approval Date	Submission Channel	Status	Expiration Date
APPLS2015763	Nov 2, 2015	Patient Portal	Approved	Oct 31, 2016

My Expenditures

POE ID	Submission Date	Submit Channel	Amount Submitted	Amount Paid	Status
P-1107	Nov 2, 2015	Patient Portal	\$250.00	\$0.00	Pending-POEVerification

Quick Tip

Select the POE ID to open the expenditure to see additional POE details.

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**Leukemia & Lymphoma Society
Co-pay Assistance Program
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Newport News, VA 23612**

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Fax: (877) 267-2932**

Internet: www.lls.org/copay

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