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# The Leukemia and Lymphoma Society Co-pay Assistance Program

## Provider/Pharmacy Portals: 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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# Provider/Pharmacy: Submitting an Expenditure

## Login with User Name and Password



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

### Provider Login

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

### Login

(Your email)  
User Name:

Password:

Quick Tip  
Bookmark this page for daily use, if you haven't already

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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# Provider/Pharmacy: Submitting an Expenditure



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

Provider Portal

Logout

Welcome to the Leukemia & Lymphoma Society Copay Assistance Program online portal. Below you will see the patients in which you have permission to see.

Create Application for new patient

Search Patients

First Name  Last Name  SSN  DOB

| Patient ID | First Name | Last Name | Email Address | Patient Status |
|------------|------------|-----------|---------------|----------------|
| No items   |            |           |               |                |

**Quick Tip**  
Up to 50 patients will be listed on this screen. These are the most recent 50 patients with entries. Portal users have reported that a Last name search is quicker than scrolling though patient list.



# Provider/Pharmacy: Submitting an Expenditure

The landing page will display patients. Click down arrow for select patient details.

## Provider Portal

[Logout](#)

Welcome to the Leukemia & Lymphoma Society Copay Assistance Program online portal. Below you will see the patients in which you have permission to see.

[Create Application for new patient](#)

Search Patients

First Name  Last Name  SSN  DOB

| Patient ID | First Name | Last Name | Email Address | Patient Status |
|------------|------------|-----------|---------------|----------------|
| 103037     |            |           |               | No             |
| 103038     |            |           |               | No             |
| 103039     |            |           |               | No             |



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# Provider/Pharmacy: Submitting an Expenditure

Click down arrow next to the Application ID name for more patient detail.  
Click 'Submit Expenditure'

| Application ID | Approval Date | Submission Channel | Status   | Expiration Date | Fund Name | Award Year |
|----------------|---------------|--------------------|----------|-----------------|-----------|------------|
| APPLLS2015678  | Nov 2, 2015   | Provider Portal    | Approved | Oct 31, 2016    | Myeloma   | 2015       |

My Expenditures

There are no available Expenditures for this application

App Attachments Information

- [Application Fax Cover She...](#)
- [Physician Form](#)
- [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](#)

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# Provider/Pharmacy: 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  
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

No items

+ Add Item Delete

Total \$0.00



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# Provider/Pharmacy: Submitting an Expenditure

To Start, select 'Address Payment to the Remitted to' field. (Payable to), if Provider is another provider other than your facility use 'Other', using 'Provider' will make expenditure payable to your facility.



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)

Verification Log


No items

+ Add Item - Delete

Total \$0.00

# Provider/Pharmacy: 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      | 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

|                  |                      |                       |                      |                     |                      |
|------------------|----------------------|-----------------------|----------------------|---------------------|----------------------|
| Provider*        | ROBIN COOPER         | Date of Service From* | <input type="text"/> | Date of Service To* | <input type="text"/> |
| Type of Service* | <input type="text"/> | Description*          | <input type="text"/> | Amount Submitted*   | <input type="text"/> |

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

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# Provider/Pharmacy: Submitting an Expenditure

Verification Log Entry Requirements – use Tab to move between entry fields.

The screenshot shows a web form titled "Verification Log" with a light blue header. The form has a light brown background and contains the following fields:

- Provider: ROBIN COOPER
- Date of Service From: [ ] (with a red 'X' icon)
- Date of Service To: [ ] (with a blue '2' icon)
- Type of Service: J0001 (with a dropdown arrow)
- Description: Treatment (with a dropdown arrow)
- Amount Submitted: [ ]

At the bottom left, there are two buttons: "+ Add Item" and "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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# Provider/Pharmacy: 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 [2] Date of Service To★ 11/1/2015 [2]

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.

# Provider/Pharmacy: 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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# Provider/Pharmacy: 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       |                     |           |
|                  |                                 |              |           | Save                  | Discard     |                     |           |
| + Add Item       |                                 | Delete       |           |                       |             |                     |           |
|                  |                                 |              |           | 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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# Provider/Pharmacy: 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**

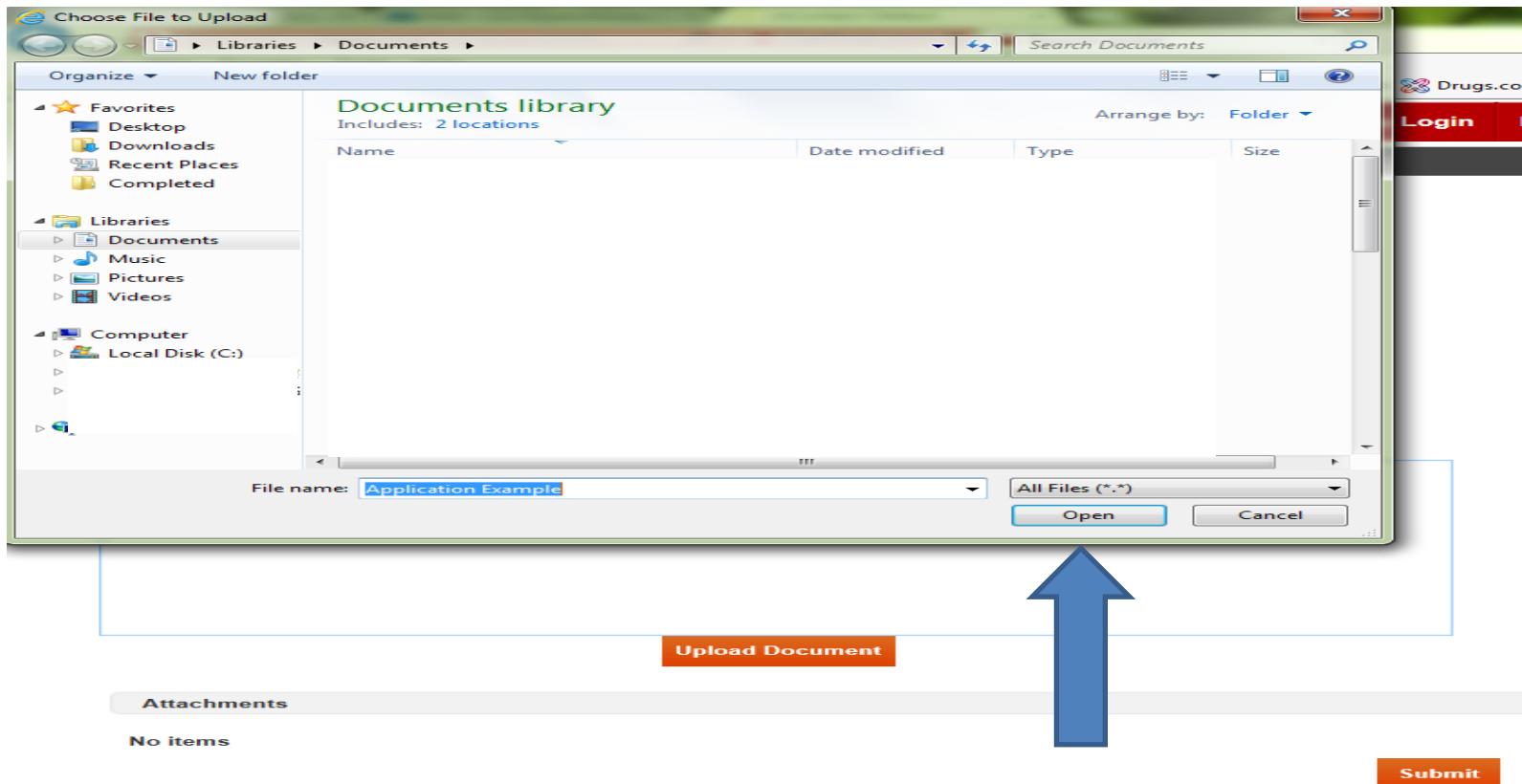
No items



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# Provider/Pharmacy: Submitting an Expenditure

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



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# Provider/Pharmacy: 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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# Provider/Pharmacy: 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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# Provider/Pharmacy: 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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# Provider/Pharmacy: Submitting an Expenditure

Portal Landing Page – To check the status of an expenditure, search for patient, click arrow next to patient to select.

|   |        |    |        |  |    |                                    |
|---|--------|----|--------|--|----|------------------------------------|
| ▼ | 103039 | Ok | Kruske |  | No | <a href="#">Create Application</a> |
|---|--------|----|--------|--|----|------------------------------------|

| Application ID  | Approval Date | Submission Channel | Status   | Expiration Date | Fund Name | Award Year |
|-----------------|---------------|--------------------|----------|-----------------|-----------|------------|
| ▼ APPLLS2015678 | Nov 2, 2015   | Provider Portal    | Approved | Oct 31, 2016    | Myeloma   | 2015       |

My Expenditures

| POE ID | Submission Date | Submit Channel  | Amount Submitted | Amount Paid | Status                         |
|--------|-----------------|-----------------|------------------|-------------|--------------------------------|
| P-1104 | Nov 2, 2015     | Provider Portal |                  | \$250.00    | \$0.00 Pending-POEVerification |
| P-1105 | Nov 2, 2015     | Provider Portal |                  | \$75.00     | \$0.00 Pending-POEVerification |
| P-1106 | Nov 2, 2015     | Provider Portal |                  | \$58.25     | \$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  
P.O. Box 12268  
Newport News, VA 23612**

**Phone: (877) 557-2672  
Fax: (877) 267-2932**

**Internet: [www.lls.org/copay](http://www.lls.org/copay)**

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