
The Leukemia and Lymphoma Society Co-pay Assistance Program

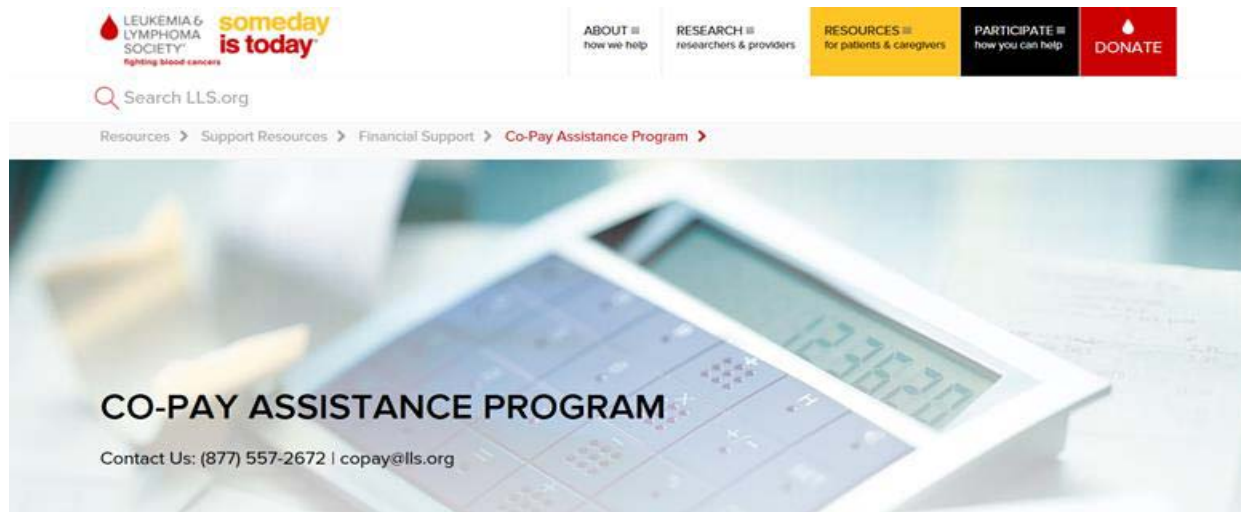
Provider/Pharmacy Portals: Registration

Please Note: The Registration 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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New Registration: Provider/Pharmacy

Go to <http://www.lls.org/copay>



How to Apply

Online: Patients, caregivers, pharmacies and healthcare providers can easily submit online Co-Pay applications with a quick registration process, day or night. Your doctor, treatment provider or pharmacy can also apply for the program on your behalf.

- **Patients and Caregivers:** [Submit an application now](#)
- **Pharmacies and Healthcare Providers:** [Submit a patient application now](#)

Patients and providers may apply for assistance and check the status of submitted applications and claims 24 hours a day via the [online portal](#).

By Phone: You may apply or get more information about the Co-Pay Assistance Program by calling **(877) 557-2672** to speak with a Co-Pay Specialist who will provide personalized service throughout your application process.

Click online portal

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New Registration: Provider/Pharmacy

Click Provider or Pharmacy Register



LLS Portal

Welcome to the Leukemia & Lymphoma Society Co-Pay Assistance Program on-line application process. We have created this site as a method to access financial assistance in an expedient manner.

Patients **Providers** **Pharmacies**

Welcome to the Leukemia & Lymphoma Society Co-Pay Assistance Program's secured, on-line **Provider Center!**

The LLS Co-Pay Assistance Program currently provides direct financial support to insured patients, who are financially and medically qualified, for pharmaceutical treatments and/or prescription medication co-payments, co-insurance and deductibles relative to your diagnosis.

For your convenience the Patient Center is available 24 hours and you may submit your application through this secure web-site which will expedite program access.

If you would like to begin the application process, please click **Start**. If this is your first time visiting the Co-Pay Assistance Patient Center and you would like to **register**, please click Register.

Please Note: A valid email address is required to complete the registration process. After registering, you will receive an email to confirm your registration and create your password. Your account will not be active until you have confirmed your registration and created your password. Once this is done, you can log in any time with your email address and password.



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New Registration: Provider/Pharmacy

Enter your NPI and EIN number & submit




Provider Registration

Your organization's NPI and EIN numbers will be required to complete the registration process. Please enter the NPI and EIN numbers to identify the primary organization you are representing and click "[Search](#)" to perform a lookup.



NPI Number [What is my NPI?](#)

EIN Number



[Privacy & Terms](#)

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New Registration: Provider/Pharmacy

Registration – If a new user to an existing Provider/Pharmacy then info will pre-populate when you select address. Be sure to fill in person requesting login and email address.

Quick Tip

You can edit if there are changes or info is incorrect.



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

Provider Registration

Mailing Address		Location Address	
OrgName	COOPER ROBIN	Name	ROBIN COOPER
Address	2002 SWEET BAY CT	Address	3000 E FLETCHER AVE STE 130
City/State/Zip	PLANT CITY FL 33566	City/State/Zip	TAMPA FL 33613
Telephone	813-759-8269	Telephone	813-972-3774
Fax	813-971-8007	Fax	813-971-8997

Please complete all information below. After submission of this form, you will receive an email providing you with instructions to confirm your registration.
Required fields are denoted with an asterisk.

PROVIDER INFORMATION

* Organization Name:

* Select Address:

* Facility/Practice Name:


* Person requesting log in:

New Registration: Provider/Pharmacy

To receive email updates of current LLS news like fund openings and closings you must check this box

* Email Address:

* Confirm Email Address:



Click here to add your mailing address and your e-mail address to the general mail distribution list for the "Leukemia & Lymphoma Society" and the [LLS Co-pay Assistance Program](#).

***NOTE: You are not required to participate in the general distribution list in order to use email to correspond about your application.

Submit

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Once complete, then click submit

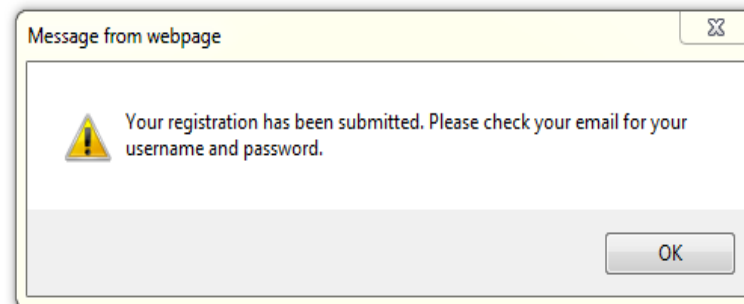
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LYMPHOMA
SOCIETY®
fighting blood cancers

New Registration: Provider/Pharmacy

Successful Submission. Email sent to you.

Provider Registration



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New Registration: Provider/Pharmacy

Receive confirmation email.

Open your email, and click Confirm Registration.

From: [Redacted] Sent: Fri 10/30/2015 9:11
To: [Redacted]
Cc:
Subject: Provider Registration Request for NPI#1902913056

Thank you for registering and supporting The Leukemia & Lymphoma Society Co-pay Assistance Program by referring your patients and allowing us to serve those who are in need of financial assistance with their pharmaceutical co-payments.

Your account can be used to enroll your patients into the program through a secure web-based service. It is our goal with this service to make it more convenient for you to interact with our program and better serve patients in need of assistance.

Please remember that this site is for exclusive use of providers and pharmacies referring their patients to our program. Login credentials should not be shared with anyone outside the office staff and each staff member must register for their unique log in and password to apply on behalf of their patients.

To confirm your registration, and create a password, please click the link below:

[Confirm Registration](#) ← **Click Confirm Registration**

Quick Tip
Password only good for 24 hours



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New Registration: Provider/Pharmacy

Enter your password twice

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fighting blood cancers

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

Confirmation - Provider

Welcome to the LLS Co-Pay Assistance Program online application process.
Please confirm your registration, and create a password below.

youremail@you.com

Password Requirements
Cannot contain the user's account name
Must be at least eight characters in length
Contain characters from three of the following four categories:

- English uppercase characters (A-Z)
- English lowercase characters (a-z)
- Numeric digit (0 through 9)
- Non-alphabetic characters (@, &, !, \$, #, %)

Password:

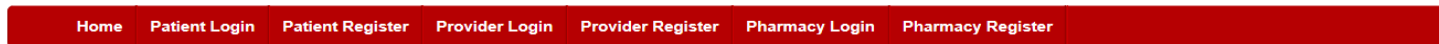
Confirm Password:

← Enter Password

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New Registration: Provider/Pharmacy

Password Accepted message
Click login Provider/Pharmacy message



Confirmation - Provider

You successfully created a new password!

[Please click here to login \(Provider\)](#)



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New Registration: Provider/Pharmacy

Now you can Login



Provider Login

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

Login

(Your email)
User Name:

Password:

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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

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