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# The Leukemia and Lymphoma Society Co-pay Assistance Program

## Patient Portal: Application Creation

Please Note: The Application 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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# Patient: Application Creation

Click Patient Login



## Quick Tip

Internet browser needs to be most update to work best with portals – Adobe 9 or newer.

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

Click Start

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# Patient: Application Creation

Login with User Name and Password



## Patient Login

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

### Quick Tip

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

### 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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# Patient: Application Creation

Click Create Application



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

### Patient Portal

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
No items				



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# Provider/Pharmacy: Patient Application Creation

Select Fund and fill in all fields.  
Click Submit.



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

APPLLS2015668

### Pre Qualification

Fund Name

Lymphoma

Number of people in your household

1

Stated Household income

15000

Do you have medical insurance (this includes those covered by Medicare or Medicaid) that covers a portion of your pharmaceutical products being prescribed for your diagnosis?

Yes  No

Does the patient reside in the U.S. or a U.S. territory?

Yes  No

Zip Code

23692

Submit



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# Patient: Application Creation

If the patient is ineligible for assistance, the user will be notified with the denial reason. Example → If the patient's income is too high, they will be referred to the Information Resource Center.

 Application (APPLLS2015668)

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**Not Eligible**

Based on the information provided, unfortunately you are not eligible for assistance through the program due to the following reason(s):

*Your household income exceeds the guidelines of our program.*

If you have any questions, please contact the Leukemia & Lymphoma Society Information Resource Center at 1-800-955-4752 for further assistance.

Cancel



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# Patient: Application Creation

## Step 1: Patient Information – General

Fill in all information then click 'Contact' tab, followed by the 'Additional' tab



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

STEP 1: PATIENT INFORMATION

Please complete the General and Contact sections, then click on the Create Patient button

GENERAL CONTACT ADDITIONAL

\* First Name  Middle

\* LastName  Name Suffix

\* Date Of Birth  \* Gender  \* Marital Status

\* Veteran  Email Address  Alternative Email Address

\* SSN  \* Alien Number  \* Employment Status

\* Race

Hispanic/Latino?

Create Patient

Return Home

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# Patient: Application Creation

## Step 1: Patient Information – Contact

To add additional phone numbers or address click + Add Item

STEP 1: PATIENT INFORMATION

Please complete the General and Contact sections, then click on the Create Patient button.

GENERAL CONTACT ADDITIONAL

PHONE NUMBER

+ Add Item Delete

Phone Type	Phone Number	Fax	Contact Sequence
* Cell	* 7572544685		* Primary

MAILING ADDRESS

+ Add Item Delete

\* AddressType Mailing

\* Address Line1 123 LLS ST Address Line 2

\* City Newport News \* State VA - Virginia

\* Zip Code 23612 Country

Create Patient

Logout

### Quick Tip

Entry fields available for one number and one address, only use =Add Item is additional information.

# Patient: Application Creation

Step 1: After completing all three sections, click the 'Next' Button



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

Logout

STEP 1: PATIENT INFORMATION

GENERAL CONTACT ADDITIONAL

★ How were you referred to the LLS Copay Assistance Program? Other ▼ ★ Award Year 2015 ★ Created by Intake (Patient Portal) ▼

1. Patient Information  
2. ✓ Financial Information  
3. Authorized Contacts  
4. Insurance Information  
5. Physician Information  
6. Diagnosis & Treatment  
7. Patient Attestations  
8. Upload Document

Return Home Discontinue Application Save Progress Next >>



# Patients: Application Creation

## Step 2: Financial Information

Verify household income & Family Size then click 'Next'

The screenshot shows a web application interface for creating a patient application. On the left, a vertical list of steps is shown: 1. Patient Information (checked), 2. Financial Information (highlighted), 3. Authorized Contacts, 4. Insurance Information, 5. Physician Information, 6. Diagnosis & Treatment, 7. Patient Attestations, and 8. Upload Document. The main content area is titled 'STEP 2: FINANCIAL INFORMATION' and contains two fields: 'Family Size' with a value of '1' and 'Reported Income' with a value of '\$1,000.00'. At the bottom, there are navigation buttons: 'Return Home', 'Discontinue Application', 'Save Progress', '<< Back', and 'Next >>'. A large blue arrow points down to the 'Next >>' button.



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# Patients: Application Creation

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Navigation Buttons – bottom of page

Return Home – Takes you back to Landing Page.

Discontinue Application – Erases/Cancel Application.

Save Progress – Saves application progress, and returns you to Landing page.



<<Back - Moves one step back in application

Next>> - Moves one step forward in the application (you can only move forward once all required fields are populated on that page)

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# Patients: Application Creation

## Step 3: Authorized Contacts

To add additional Authorized Contact +Add Item  
Fill in all information them click 'Next>>'

**STEP 3: AUTHORIZED CONTACTS**

1. ✓ Patient Information  
2. ✓ Financial Information  
3. Authorized Contacts  
4. Insurance Information  
5. Physician Information  
6. Diagnosis & Treatment  
7. Patient Attestations  
8. Upload Document

★ Is anyone else authorized to speak with LLS on the Patient's behalf? Yes ▾

+ Add Item 🗑 Delete

★ First Name  ★ Last Name  ★ Relationship Select... ▾

★ Special Authorization Select... ▾ ★ Phone Number

Return Home Discontinue Application Save Progress << Back Next >>

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# Patients: Application Creation

## Step 4: Insurance Information

If Insurance not present, type Other and type in the name of the insurance.  
Fill in all information then click 'Next>>'

The screenshot shows a web application interface for entering insurance information. On the left is a vertical navigation menu with 8 items: 1. Patient Information (checked), 2. Financial Information (checked), 3. Authorized Contacts (checked), 4. Insurance Information (current step), 5. Physician Information, 6. Diagnosis & Treatment, 7. Patient Attestations, and 8. Upload Document. The main content area is titled 'STEP 4: INSURANCE INFORMATION' and contains several fields: 'Insurance Company or Medicaid/Medicare Payor' (dropdown), 'Policy ID Number' (text), 'Subscriber Relation To Patient' (dropdown), and three questions about policy coverage (outpatient prescription drugs, pharmacy products, Medicare Part D) each with a dropdown. Below these are two more questions: 'Were you previously insured?' and 'Were you uninsured prior to the opening of the marketplace?' (both dropdowns), and 'Do you have a Secondary Insurance?' (dropdown). To the right of the main form is a 'Logout' button and a section for 'Plan Type', 'Group Number', and 'Subscriber Name', each with a dropdown or text field. At the bottom of the form are buttons for 'Return Home', 'Discontinue Application', 'Save Progress', '<< Back', and 'Next >>'. A large blue arrow points to the 'Next >>' button.



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# Patients: Application Creation

## Step 5: Physician Information

You can search for a treating physician by using the Search function.  
Click +Add to select from list or 'Create New Provider' not found in search.

STEP 5: PHYSICIAN INFORMATION ? Logout

SELECTED TREATING PHYSICIANS

First Name	Last Name	Facility/Practice Name	Physical Address	City	State	Zip	Telephone	Fax	
ROBIN	COOPER	ROBIN COOPER	3000 E FLETCHER AVE STE 130			33613	8139723774		

PROVIDER SEARCH

First Name

Last Name

Facility / Practice Name

City

State

Zip Code

Telephone

Fax

NPI

OR

SEARCH RESULTS

Page 1 of 7

First Name	Last Name	Facility/Practice Name	Physical /
		WASHINGTON ONCOLOGY-HEMATOLOGY CENTER, P.C.	2141 K S

First Name  Provider Type

Last Name  Facility / Practice Name



### Quick Tip

Search with Facility/Practice name & State.

If provider present, click 'Add' and then use the trash can above to delete the other provider from the application.

# Patients: Application Creation

## Step 5: Physician Information

Physician information will populate in Select provider

Once Provider is selected click 'Next>>'

STEP 5: PHYSICIAN INFORMATION ?

SELECTED TREATING PHYSICIANS

First Name	Last Name	Facility/Practice Name	Physical Address	City	State	Zip	Telephone	Fax
✓		WASHINGTON ONCOLOGY-HEMATOLOGY CENTER, P.C.	2141 K ST NW	WASHINGTON	DC	20037	202-293-5382	2024290617

PROVIDER SEARCH

First Name

Last Name

Facility / Practice Name

City

State

Zip Code

Telephone

Fax

NPI

OR

SEARCH RESULTS

Page 1 of 7

First Name	Last Name	Facility/Practice Name	Physical Address	City	State	Zip	Telephone	Fax	NPI
+Add		WASHINGTON ONCOLOGY-HEMATOLOGY CENTER, P.C.	2141 K ST NW	WASHINGTON	DC	20037	202-293-5382	2024290617	1760598387
		Medical Faculty Associates	2150 PENNSYLVANIA AVE NW	WASHINGTON	DC	20037	202-741-2210	2027412487	1184794414
		WASHINGTON ONCOLOGY-HEMATOLOGY CENTER, P.C.	2141 K ST NW	WASHINGTON	DC	20037	202-293-5382	2024290617	1760598387
		GWU Medical Faculty Associates	2150 PENNSYLVANIA AVE NW	WASHINGTON	DC	20037	202-741-2480	2027412487	1184794414
		GEICO	One GEICO Plaza	Washington	DC	20076			

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# Patients: Application Creation

## Step 6: Diagnosis & Treatment

Enter Primary Diagnosis, Diagnosis Date, and Medication details. To add additional medication, click '+Add'.

Enter Treating Physicians Specialty & Treatment Setting

Fill in all information and then click 'Next>>'

1. ✓ Patient Information  
2. ✓ Financial Information  
3. ✓ Authorized Contacts  
4. ✓ Insurance Information  
5. ✓ Physician Information  
6. **Diagnosis & Treatment**  
7. Patient Attestations  
8. Upload Document

STEP 6: DIAGNOSIS & TREATMENT

Please use your down arrow key and enter when selecting c

Primary Diagnosis Name \*  Date of Diagnosis \*

Physician Specialty

Treatment Setting

**MEDICATION**

+ Add Item Delete

Medication Name	Dosage	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this medication need to be dispensed within the next seven days?

Return Home Discontinue Application Save Progress << Back Next >>



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# Patients: Application Creation

## Step 7: Patient Attestations

Read All requirements and sign & submit the application.

- 1. ✓ Patient Information
- 2. ✓ Financial Information
- 3. ✓ Authorized Contacts
- 4. ✓ Insurance Information
- 5. ✓ Physician Information
- 6. ✓ Diagnosis & Treatment
- 7. Patient Attestations
- 8. Upload Document

**STEP 7: PATIENT AUTHORIZATION, DISCLOSURES & ATTESTATIONS**

I agree that the information provided in this application is truthful and accurate. I agree to notify The Leukemia & Lymphoma Society (LLS) if my financial situation, insurance status, or medical condition or prescription(s) changes from what has been documented in this application.

I agree that LLS and its donors will not be liable for any damages of any kind, without limitation to the success or failure of medication(s), or for any harm that it may cause. If accepted into the program, I understand that LLS provides co-payment assistance to eligible patients for covered medications. While LLS will make every effort to grant assistance when needed, the program is limited by available resources and may be discontinued or changed at anytime. Requests for insurance premium assistance must be received 15 business days prior to the due date. I understand that prescription insurance coverage is required for continued enrollment in the program.

I authorize and understand that the Leukemia & Lymphoma Co-Pay Assistance Program will contact my physician/provider with the status of my application for the purposes of provider payment.

I hereby authorize payment directly to the hospital, physician or other supplier herein named for the funds available to me through Leukemia & Lymphoma Co-Pay Assistance Program. I understand I am financially responsible for charges not covered by this program. While I am enrolled in the Leukemia & Lymphoma Co-Pay Assistance Program, I have complete freedom to choose and/or change doctors, providers, suppliers, insurance companies and/or treatment related medications without affecting my continued eligibility.

The Leukemia & Lymphoma Co-Pay Assistance Program will only discuss or release specific information that will assist in the determination of services in the Co-Pay program. Any requests or sharing of information can only be done with the expressed written consent of the patient. We request the patient/applicant list those individuals (other than your physician) that you have authorized to contact the program on your behalf. Examples of such individuals may include spouse, children, pharmacist, case worker, social worker, etc

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.

✘

[Sign and Submit](#) [Submit Without Signing](#) [Cancel](#)

[Return Home](#) [Discontinue Application](#) [Save Progress](#) [<< Back](#) [Next >>](#)

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# Patients: Application Creation

## Step 8: Upload Documents

Here you can submit required application documents by selecting “Upload documents”  
Select “Submit Application” to return to the Landing page.



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

STEP 8: UPLOAD DOCUMENTS

Please click the submit button below to complete your application. You do not have to upload documents to submit your application.

Received?	Document Type	Document Sub Category	Document Category	Approval Date
No	Signed and returned	Application	Patient	
No	Federal tax returns	Income Verification	Patient	
No	IRA Income	Income Verification	Patient	
No	Other	Income Verification	Patient	
No	Social Security	Income Verification	Patient	
No	Wages	Income Verification	Patient	
No	Insurance Card	Insurance Verification	Patient	
No	Physician Form	Diagnosis Verification	Provider	
No	Physician Form	Diagnosis Verification	Provider	
No	Valid Identification card	Identification	Patient	

1. ✓ Patient Information  
2. ✓ Financial Information  
3. ✓ Authorized Contacts  
4. ✓ Insurance Information  
5. ✓ Physician Information  
6. ✓ Diagnosis & Treatment  
7. ✓ Patient Attestations  
8. Upload Document

Upload documents

Submit Application

**Quick Tip**  
You do not have to upload documents at this time by selecting “Submit Application”. You can upload documents from the Landing page at a later date.

# Patients: Application Creation

You are now back on the Landing Page with your application created.

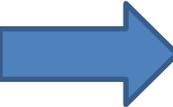
Home Patient Login Patient Register Provider Login Provider Register Pharmacy Login Pharmacy Register

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
APPLS2015763		Patient Portal	Pending All Documents	

My Expenditures

There are no available Expenditures for this application

App Attachments Information



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# Patients: Application Creation

Application documents can be uploaded from this view.

Application ID	Approval Date	Submission Channel	Status	Expiration Date
APPLS2015763		Patient Portal	Pending All Documents	

My Expenditures

There are no available Expenditures for this application

## App Attachments Information

 [Upload Application Supporting Documents](#)

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 Physician Form, Application & Fax Cover Sheet. Or have the application mailed to you.

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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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