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.
New Registration: Provider/Pharmacy

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

Click online portal
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 expeditious manner.

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.
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

EIN Number

Submit
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.
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

The Leukemia & Lymphoma Society
© Copyright 2015

Once complete, then click submit
New Registration: Provider/Pharmacy

Successful Submission. Email sent to you.

Provider Registration

Your registration has been submitted. Please check your email for your username and password.
New Registration: Provider/Pharmacy

Receive confirmation email.
Open your email, and click Confirm Registration.

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]

Quick Tip
Password only good for 24 hours
New Registration: Provider/Pharmacy

Enter your password twice

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: 
Submit
New Registration: Provider/Pharmacy

Password Accepted message
Click login Provider/Pharmacy message

You successfully created a new password!
Please click here to login (Provider)

The Leukemia & Lymphoma Society
© Copyright 2015
New Registration: Provider/Pharmacy

Now you can Login

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

Login

(Your email)
User Name: [Enter User Name]
Password: [Enter Password]

Login