**LLS COVID-19 Patient Financial Aid Program**

**Patient Portal Application**

**Step 1:** Select Create Application

**Step 2:** Select the LLS COVID-19 Patient Financial Aid Program
**Step 3:** Answer all questions on the Pre-Qualification screen, then select submit.

**Step 4:** Patient Information – Complete all required fields (indicated with an asterisk*)
**Step 5:** Patient Information Cont. – Select Contact, then Verify information

**Step 6:** Patient Information Cont. – Select Additional Tab, complete required question (How were you referred...), then select “next”
Step 7: Authorized Contacts – Select response, if Yes complete required fields indicated with an asterisk*, once complete select “Next”

Step 8: Physician Information – Search for your treating Physician by entering their FIRST and LAST name. You do NOT need to fill out any other fields including the NPI number.
**Step 9:** Physician Information cont. - Type in FIRST and LAST name, then hit “Search” you will see results below if the provider currently exists in our system. You do NOT need to fill out any other fields including the NPI number.

If you see your provider select “Add” next to your providers first name.

If you do not see your provider in the list skip to Step 11.
**Step 10:** Physician Information cont. - You will then see your provider at the top of your screen, then select “Next”
**Step 11:** Physician Information cont. – If you were unable to see your provider in the list, this means your provider does not exist in the system and needs to be created. Select “Create New Provider”. NPI number is NOT required.

**Step 12:** Physician Information cont. – Now add your providers information below. The fields with the red asterisk* are required. If you are unsure of the Office Contact Name or Office Contact Email Address put Null in those fields. Once all required fields are filled select “Add New Provider”. NPI number is not required.
**Step 13:** Physician Information cont. – You will then see your provider at the top of your screen, then select “Next”.

**Step 14:** Terms & Conditions – Review the Terms and Conditions and answer the question – you must select NO to proceed. If you have questions, contact us at 877-557-2672 option 5. Then select “Next”.

All information obtained during this screening is true and complete in all respects. Patients will promptly notify LLS if any information provided changes, including income level or medical condition.

**Fraud**

The prevention of fraud is of utmost importance to LLS. LLS has the right to verify the accuracy of information provided during screening and patient’s ongoing program eligibility. Detection of fraud or abuse will result in the applicant not being eligible to receive assistance from any LLS Financial Assistance programs in the future.

**Release of Information**

LLS, its employees and agents are authorized to obtain and discuss medical, treatment, therapy, financial and other information relating to the patient with their health care providers and their staff, pharmacies, enrollee, insurance companies, and any other person or entity working on the patient’s behalf to confirm eligibility. LLS will verify a patient’s identity through an instant verification system. The use of their name and social security number to access credit information is to confirm the identity of the applicant and does not affect their credit score. If the identity of the applicant cannot be verified by the instant verification service, LLS will require additional documentation. Neither LLS nor any of its employees or agents will disclose any patient individually identifiable information to any third party except as provided above, as required by law, as deemed appropriate by LLS to resolve any potential fraud or audit irregularity, or as necessary or appropriate for LLS to provide assistance to patient under the program. LLS may use information and data relative to patient to develop aggregate reports as LLS deems appropriate.

The COVID-19 Patient Financial Aid Program continuation is dependent on the availability of funds and the program can be modified or discontinued at any time if funding is limited or no longer available.

Do you have any questions in relation to the terms and conditions of the program?  

*Yes*  

*No*
**Step 15:** Patient Attestation – Review and answer the questions on the page, then sign the application by typing your name.

Then Select “Sign and Submit Application”
Step 16: Congratulations you have completed your application for the LLS COVID-19 Patient Financial Aid Program.

The status of your application on the portal will appear on your initial landing page on the portal.

If you need assistance or have additional questions regarding the program, we can be reached at 877-557-2672 option 5 Monday-Friday 8:30 am to 5:00 pm EST.