

LLS COVID-19 Patient Financial Aid Program

Patient Portal Application

Step 1: Select Create Application



Home Care Team Login Care Team Register Patient Login Patient Register

Logout

Patient Portal

Welcome to the LLS Financial Assistance Programs online application process. You can manage your applications below



Create Application

Step 2: Select the LLS COVID-19 Patient Financial Aid Program

Leukemia & Lymphoma Society x +

unpportal.lls.org/lls-beacon-portal

Apps Financial Support [...] Copay Portal Dashboard LLS Email PDMI ZIP Code™ Lookup... Unicentric Service X... PEX Admin: Login



Home Care Team Login Care Team Register Patient Login Patient Register

APPUNP202017421

Pre Qualification

* Fund Name

Select...
Select...
Patient Aid Program
Southern and Central California
COVID-19 Patient Financial Aid Program



Submit

Step 3: Answer all questions on the Pre-Qualification screen, then select submit.



APPUNP202017421

Pre Qualification

★ Fund Name COVID-19 Patient Financial Aid Program ▼

Primary Disease Category Myeloma ▼
Primary Disease Type Multiple Myeloma ▼

★ Date of Diagnosis 1/25/2016 [2]

★ Does the patient reside in the U.S. or a U.S. territory? Yes No

★ Is the patient currently in treatment, scheduled to begin treatment or in followup care? Yes No

★ Patient Zip Code 23666



Step 4: Patient Information – Complete all required fields (indicated with an asterisk*)

STEP 1: PATIENT INFORMATION

Please complete the General and Additional sections, then click on the Next button.

GENERAL CONTACT ADDITIONAL

GENERAL INFORMATION

★ First Name IT Middle Name

★ Last Name PATIENT Name Suffix Select... ▼

★ Date Of Birth 2/2/1902 [2] ★ Gender Female ▼

★ Hispanic/Latino? No ▼ ★ Employment Status Employed ▼

★ Veteran No ▼ ★ Marital Status Separated ▼

★ SSN 011-11-1111

★ Race American Indian / Native Alaskan Asian Black / African American
 Native Hawaiian / Pacific Islander White Prefer not to disclose
 Other

Step 5: Patient Information Cont. – Select Contact, then Verify information

in Care Team Register Patient Login Patient Register

STEP 1: PATIENT INFORMATION

Please complete the General and Additional sections, then click on the Next button.

GENERAL CONTACT ADDITIONAL

MAILING ADDRESS

+ Add Item Delete

* AddressType Home

* Address Line1 421 Butler Farm Rd Address Line2

* City Hampton * State VA - Virginia

* Zip Code 23666 Country US

Verify Address

* Is the patient able to receive mail related to this application at their permanent residence ? Yes

PHONE NUMBER

+ Add Item Delete

Phone Type	Phone Number	Fax	Contact Sequence
* Home	* 757-952-2547		* Primary

EMAIL ADDRESS

* Email Address PAFITPatient@patientadv Email Type Work Email Owner Patient

Step 6: Patient Information Cont. – Select Additional Tab, complete required question (How were you referred...), then select “next”

are Team Register Patient Login Patient Register

STEP 1: PATIENT INFORMATION

Please complete the General and Additional sections, then click on the Next button.

GENERAL CONTACT ADDITIONAL

* How were you referred to the LLS Patient Aid Program? LLS Program/Event * Created by Intake (Patient Portal)

Discontinue Application Save Progress Next >>

Step 7: Authorized Contacts – Select response, if Yes complete required fields indicated with an asterisk*, once complete select “Next”

STEP 3: AUTHORIZED CONTACTS

1. ✓ Patient Information
2. Authorized Contact
3. Physician Information
4. Patient Attestations
5. Agreement

* Are there any authorized users able to speak on behalf of the patient?

LLS will only discuss or release specific information that will assist in the determination of services in the LLS Patient Financial Support Programs. Any requests or sharing of information can only be done with the expressed consent of the patient. Please list all individuals (other than the patient's physician) that the patient has authorized to contact the program on their behalf. (Examples of such individuals may include spouse, children, case worker, social worker, etc.)



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.



Care Team Login Care Team Register Patient Login Patient Register

STEP 5: PHYSICIAN INFORMATION ?

1. ✓ Patient Information
2. ✓ Authorized Contact
3. Physician Information
4. Patient Attestations
5. Agreement

SELECTED TREATING PHYSICIANS

First Name	Last Name	Facility/Practice Name	Physical Address	City	State	Zip	Telephone	Fax
No items								

PHYSICIAN SEARCH

First Name

Last Name

Facility / Practice Name

City

State

Zip Code

Telephone

Fax

NPI

OR

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.



Care Team Login Care Team Register Patient Login Patient Register

STEP 5: PHYSICIAN INFORMATION [?](#)

SELECTED TREATING PHYSICIANS

First Name	Last Name	Facility/Practice Name	Physical Address	City	State	Zip	Telephone	Fax
No items								

PHYSICIAN SEARCH

First Name:
Last Name:
Facility / Practice Name:
City:
State:
Zip Code:
Telephone:
Fax:
NPI:

OR

SEARCH RESULTS

First Name	Last Name	Facility/Practice Name	Physical Address	City	State	Zip	Telephone	Fax	NPI	P
+Add John	WashburnSmith		5050 NE Hoyt St Ste 256	Portland	OR	97213	503-239-7767	5032156897	1427051077	1

First Name: John Provider Type
Last Name: WashburnSmith Facility / Practice Name
Tax ID Number: 222222222 NPI Number: 1427051077
Payment Type: Check

Address Information

AddressType	Physical	AddressLine2	
* AddressLine1	5050 NE Hoyt St Ste 256	* State	<input type="text" value="OR - Oregon"/>
* City	Portland	* Telephone	503-239-7767
* Zip	97213	* Fax	5032156897
Ext		* Office Contact Name	none
Physician Email Address			
* Office Contact Email Address	null@null.com		

Step 10: Physician Information cont. - You will then see your provider at the top of your screen, then select "Next"



STEP 5: PHYSICIAN INFORMATION ?

SELECTED TREATING PHYSICIANS

First Name	Last Name	Facility/Practice Name	Physical Address	City	State	Zip	Telephone	Fax
John	WashburnSmith		5050 NE Hoyt St Ste 256	Portland	OR	97213	503-239-7767	5032156897

PHYSICIAN SEARCH

First Name:
Last Name:
Facility / Practice Name:
City:
State:
Zip Code:
Telephone:
Fax:
NPI:

OR

SEARCH RESULTS

First Name	Last Name	Facility/Practice Name	Physical Address	City	State	Zip	Telephone	Fax	NPI	Provider ID
+Add John	WashburnSmith		5050 NE Hoyt St Ste 256	Portland	OR	97213	503-239-7767	5032156897	1427051077	178701

First Name: John Provider Type:
Last Name: WashburnSmith Facility / Practice Name:
Tax ID Number: 222222222 NPI Number: 1427051077
Payment Type: Check

Address Information
AddressType: Physical



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 5: PHYSICIAN INFORMATION ?

SELECTED TREATING PHYSICIANS

First Name Last Name Facility/Practice Name Physical Address

No items

PHYSICIAN SEARCH

First Name
Last Name
Facility / Practice Name
City
State Select...
Zip Code
Telephone
Fax
NPI

Search OR Create New Provider Clear

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 5: PHYSICIAN INFORMATION ?

SELECTED TREATING PHYSICIANS

First Name Last Name Facility/Practice Name Physical Address City State Zip Telephone Fax

No items

PHYSICIAN SEARCH

First Name
Last Name
Facility / Practice Name
City
State Select...
Zip Code
Telephone
Fax
NPI

NEW PROVIDER

* First Name IT
* Last Name Provider Facility / Practice Name
Tax ID Number NPI Number

Authorized?:

Contact Info

+ Add Item Delete

AddressType Physical

* AddressLine1 105 ABC St AddressLine2
* City Hampton * State NH - New Hampshire
* Zip 23692 * Telephone 999-999-9999
Ext * Fax 9999999999
Physician Email Address * Office Contact Name Null
* Office Contact Email Address Null

Verify Address

Please fill the information in the New Provider section and click on "Add New Provider" to add the provider.

Please ensure that you have entered a valid address. We are unable to verify the address entered; however, if the address you provided is correct, please proceed.

Step 13: Physician Information cont. – You will then see your provider at the top of your screen, then select “Next”

Home Login Care Team Register Patient Login Patient Register

STEP 5: PHYSICIAN INFORMATION

SELECTED TREATING PHYSICIANS

First Name	Last Name	Facility/Practice Name	Physical Address	City	State	Zip	Telephone	Fax
IT	Provider		105 ABC St	Hampton	NH	23692	999-999-9999	9999999999

PHYSICIAN SEARCH

First Name
Last Name
Facility / Practice Name
City
State
Zip Code
Telephone
Fax
NPI

Search OR Create New Provider Clear

Discontinue Application Save Progress << Back 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”.

Step 5: Patient Authorization, Disclosures & Attestations

- ✓ Patient Information
- ✓ Authorized Contact
- ✓ Physician Information
- Patient Attestations
- Agreement

COVID-19 Patient Financial Aid Program

TERMS & CONDITIONS

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, pharmacy, employer, insurance company, 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

Discontinue Application Save Progress << Back Next >>

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 5: Patient Authorization, Disclosures & Attestations

1. ✓ Patient Information
2. ✓ Authorized Contact
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5. Agreement

PATIENT ATTESTATION

(The applicant's attestation and responses will be recorded and kept on file)

Do you the caller/applicant understand and agree to the following, please respond with Yes (Y) or No (N).

- ✓ Do you confirm that you are the patient, or a representative of the patient authorized to attest to and release the medical and financial information provided in this application?
 Yes No
- ✓ Do you attest that the information provided is true and complete?
 Yes No
- ✓ Do you acknowledge that you understand and agree with the terms and conditions reviewed?
 Yes No
- ✓ Do you authorize [the agent] to electronically sign the patient attestation section of the application on behalf of the patient?
 Yes No

PATIENT SERVICES OPT-IN

Please respond with Yes (Y) or No (N).

The patient would like to be contacted by LLS regarding additional patient and education support services?
 Yes No

APPLICATION SIGNATURE

Name of Person Completing Application

Relationship to Patient (please select one):

- Self
- Guardian
- Family Member
- Specialty Pharmacy
- Advocate





[Home](#) [Care Team Login](#) [Care Team Register](#) [Patient Login](#) [Patient Register](#)

The application is Approved.
If you have any questions, please contact the program at 877-557-2672, Monday through Friday between 8:30am – 5:00pm EST.



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.

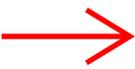


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Patient Portal

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Create Application



Income Documents Required	Application ID	Approval Date	Submission Channel	Status	Expiration Date
Y	APPUNP2020371	Apr 3, 2020	Patient Portal	Approved	Apr 3, 2021



My Expenditures

There are no available Expenditures for this application

App Attachments Information

[Document Request Letter](#)

[Approval Letter](#)

[Upload Application Supporting Documents](#)

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.