

LLS COVID-19 Patient Financial Aid Program

Care Team Portal Application

Step 1: Select Create Application for new patient. You can search for existing patients you created on the portal by using the search field.



Home Care Team Login Care Team Register Patient Login Patient Register

Care Team Portal

Welcome to the Financial Assistance Programs online application process. Below you will see patients submitted through the online portal.

Create Application for new patient



Search Patients

First Name

Last Name

SSN

DOB

Search

Clear

Patient ID	First Name	Last Name	Email Address	Patient Status
No items				

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



Home Care Team Login Care Team Register Patient Login Patient Register

APPUNP2020381

Pre Qualification

* Fund Name

COVID-19 Patient Financial Aid Program



* Date of Diagnosis

Primary Disease Category

Select...

Primary Disease Type

Select...

* 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

Zip Code

Submit

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



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APPUNP202022276

Pre Qualification

★ Fund Name

★ Date of Diagnosis


Primary Disease Category

Primary Disease Type

★ 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

Zip Code



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

Please note: If you receive a red X next to the SSN field, this means the patient already exists in our system, please call to have the patient linked to your portal. You will then be able to apply for the patient on the portal.



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STEP 4: PATIENT INFORMATION

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

GENERAL CONTACT ADDITIONAL

PATIENT INFORMATION

★ First Name Middle Name

★ Last Name Name Suffix

★ Date Of Birth ★ Gender

★ Hispanic/Latino? ★ Employment Status

★ Veteran ★ Marital Status

★ SSN

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

★ Are you residing in the United States or a United States territory?

PATIENT OPT IN/OUT

Yes, I and my caregiver/family member authorized to speak on my behalf (if specified) would like to be contacted regarding patient and education support services. Click to un-check the box if you do not wish to be contacted by LLS.

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

LEUKEMIA & LYMPHOMA SOCIETY

Home Care Team Login Care Team Register Patient Login Patient Register

STEP 1: PATIENT INFORMATION
Please complete the General and Contact sections, then click on the Create Patient button.

GENERAL CONTACT ADDITIONAL

MAILING ADDRESS

+ Add Item Delete

* Address Type Home

* Address Line1 15 Patient Address Address Line 2

* City Yorktown * State VA - Virginia

* Zip Code 23692 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			Primary

EMAIL ADDRESS

Email Address Email Type Select... Email Owner Select...

Create Patient

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

LEUKEMIA & LYMPHOMA SOCIETY

Home Care Team Login Care Team Register Patient Login Patient Register

STEP 1: PATIENT INFORMATION
Please complete the General and Contact sections, then click on the Create Patient button.

GENERAL CONTACT ADDITIONAL

* How were you referred to the LLS Patient Aid Program? LLS Program/Event

* Created by Intake(Portal-CareTeam)

Create Patient

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 Contacts
- 3. Physician Information
- 4. Patient Attestations
- 5. Agreement Condition

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

Select.. ▼



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.)

Discontinue Application Save Progress << Back Next >>



STEP 3: AUTHORIZED CONTACTS

- 1. ✓ Patient Information
- 2. Authorized Contacts
- 3. Physician Information
- 4. Patient Attestations
- 5. Agreement Condition

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

Yes ▼

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+ Add Item Delete

★ First Name	<input type="text"/>	★ Last Name	<input type="text"/>	Suffix	Select.. ▼
★ Relationship	Select.. ▼	★ Special Authorization	Select.. ▼		
★ Address Type	Select.. ▼	★ Address Line 1	<input type="text"/>	Address Line 2	<input type="text"/>
★ City	<input type="text"/>	★ State	Select.. ▼	★ Zip Code	<input type="text"/>
★ Country	US	★ Phone Number	<input type="text"/>		
Email Address	<input type="text"/>	Email Type	Select.. ▼		

Verify Address

Discontinue Application Save Progress << Back Next >>

Step 8: Physician Information – The Provider NPI number you used to register for the portal auto populates in this section.

If the patient’s treating physician or facility is DIFFERENT than the physician, facility, and/or different than those associated with the NPI number you used when you registered for this portal account, you will need to search for the patient’s treating physician using the physician’s first and last name. See step 9.

LEUKEMIA & LYMPHOMA SOCIETY

Home 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 Condition

SELECTED TREATING PHYSICIANS

First Name	Last Name	Facility/Practice Name	Physical Address	City	State	Zip	Telephone	Fax
Lauren	Pinter- Brown	Uc Irvine Cancer Center	101 The City Drive South	Orange	CA	92868	714-456-5153	714-456-2242

PHYSICIAN SEARCH

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

Search OR Create New Provider Clear

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.

If you see your provider select “Add” next to the provider’s first name.

If you do not see your provider in the list skip to Step 11.

LYMPHOMA SOCIETY

Home 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: John
Last Name: Smith
Facility / Practice Name
City
State: Select...
Zip Code
Telephone
Fax
NPI

Search OR Create New Provider Clear

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
Last Name: WashburnSmith
Tax ID Number: 222222222
Payment Type: Check

Provider Type: Facility / Practice Name
NPI Number: 1427051077

Address Information

AddressType: Physical
AddressLine1: 5050 NE Hoyt St Ste 256
City: Portland
Zip: 97213
State: OR - Oregon
Telephone: 503-239-7767
Fax: 5032156897
Office Contact Name: none

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

You will now see two providers, delete the incorrect one by clicking on the trash can icon.

Then select "Next"



Home Care Team Login Care Team Register Patient Login Patient Register

STEP 5: PHYSICIAN INFORMATION ?

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

SELECTED TREATING PHYSICIANS

First Name	Last Name	Facility/Practice Name	Physical Address	City	State	Zip	Telephone	Fax	
KRISTIN		KRISTIN BARBEE	7058 W SUNSET AVE			72762			
Dr. Mark D.	Browning, M.D.	Oncology Hematology Associates	3699 Epworth Road	Newburgh	IN	47630	812-471-1200	812-475-6700	

PHYSICIAN SEARCH

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

Discontinue Application Save Progress << Back Next >>

Step 11: Physician Information cont. – If you were unable to see the desired provider in the list, this means this provider does not exist in the system and needs to be created. Select "Create New Provider".

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
No items			

PHYSICIAN SEARCH

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

Search OR Create New Provider Clear

Step 11: Physician Information cont. – Now add your providers information below. The fields with the red asterisk* are required. Including NPI number and Tax ID. Once all required fields are filled select “Add New Provider”.

Then select Next.

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

NEW PROVIDER

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

Authorized?:

Contact Info

+ Add Item - Delete

AddressType
* AddressLine1 AddressLine2
* City * State
* Zip * Telephone
Ext * Fax
Physician Email Address * Office Contact Name
* Office Contact Email Address

Verify Address

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.

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

Step 13: 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”.

me Care Team Login Care Team Register Patient Login Patient Register

Step 5: Patient Authorization, Disclosures & Attestations

1. Patient Information
2. Authorized Contacts
3. Physician Information
4. Patient Attestations
5. Agreement Condition

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 14: Patient Attestation – Review and answer the questions on the page and sign the application by typing your name.

Then Select “Sign and Submit Application”

Home Care Team Login Care Team Register Patient Login Patient Register

Step 5: Patient Authorization, Disclosures & Attestations

- 1. ✓ Patient Information
- 2. ✓ Authorized Contacts
- 3. ✓ Physician Information
- 4. ✓ Patient Attestations
- 5. Agreement Condition

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





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 15: Congratulations you have completed the application for the patient for the LLS COVID-19 Patient Financial Aid Program.

The status of the patients application on the portal will appear on your initial landing page on the portal, select the arrow to the left of the patients name to see the status of all their applications, this is the same for Travel, Patient Aid, and Urgent Need.

If you need to apply to another program on behalf of the patient, select create application.



Home Care Team Login Care Team Register Patient Login Patient Register

Care Team Portal

Welcome to the Financial Assistance Programs online application process. Below you will see patients submitted through the online portal.

Create Application for new patient

Search Patients
First Name Last Name SSN DOB Search

Patient ID	First Name	Last Name	Email Address	Patient Status	
149678	Test	Walk		No	Create Application

Documents Required	Application ID	Approval Date	Submission Channel	Status	Expiration Date	Fund Name	Award Year
	APPUNP202022276	4/1/2020	Provider Portal	Pending-ApplicationApproved		COVID-19 Patient Financial Aid Program	

Other status meanings
Pending-Review: Need Identity Documents
Resolved-Discontinued: Application needs to be resubmitted

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.