Co-Pay Relief (CPR) Online Portal

PAF is a pioneer in providing charitable patient assistance, and we feel that our Co-Pay Relief Program has a responsibility to continually evolve to ensure that our operations are both efficient and effective.

Our goal with the patient, provider and pharmacy portals is to deliver an online experience that is resourceful, provides actionable information to you based on your needs and is in a format that is customizable and takes less of your valuable time to use!
What Do You Need to Do Now?

Existing individual users simply Login using your current username (email address) and password.

If this is your first time using the online portal, you will be required to register.
CO-PAY RELIEF PROGRAM PATIENT PORTAL
Step 1: Register as a Portal User

- There are several entry points to access the online portal!
  - The Home screen
  - The Patients & Family tab
  - Select your disease from the Find Your Fund List
- Select **Apply**

*The example below displays the **Apply** button from the Patients & Family tab*
NEW REGISTRATION FOR PATIENT PORTAL

If you are a first-time user, you will be required to register prior to starting the application process.

Note: If you are already a registered user you do not need to register again. For Sign IN Instructions and next steps, proceed to page 14.
Who Are You: Select **Patient Registration** and click **Next** to proceed.
Registration: Welcome Screen (continued)

Basic Information - Complete the following required fields, then select Next

**QUICK TIPS**
1. Format for Patient DOB
   MM/DD/YYYY
2. Format for Alien Number
   A1234567
Registration: Welcome Screen (continued)

Contact Information - Complete the following required address fields, then select Verify Address. If “Address Verified” appears, select Register!

QUICK TIPS
1. Format for Patient DOB MM/DD/YYYY
2. Format for Alien Number A1234567
Registration: Welcome Screen (continued)

Contact Information - If the system is unable to verify the address entered, please review and make necessary correction. If the address provided is correct, select Register!

**QUICK TIPS**
1. Format for Patient DOB MM/DD/YY
2. Format for Alien Number A1234567
Registration (continued)

Successful Submission: Upon successful registration, you will receive an email with instructions to create a password.

QUICK TIP
If you do not receive an email confirmation, please check your spam/junk mail.
Registration (continued)

Once you receive your email confirmation, click **Confirm Password**.

Dear Program User,

Thank you for registering to use Patient Advocate Foundation’s Co-Pay Relief Program (CPR) online Patient Portal. The portal offers you many features and is available 24/7, allowing you to interact with the CPR program whenever it is most convenient for you. Now that you have established a secure portal account, you can utilize it to complete your applications for assistance from the program. As well, if you are eligible for assistance, you will be able to utilize your portal account to submit patient claims for payment, check the status of your grant, including account balance and expiration dates, and reapply for assistance next year if needed.

Please remember that this site is for the exclusive use of patients in our program. Login credentials should not be shared with anyone.

To confirm your CPR portal account registration, and create a password, please click the link below:

[Confirm Password]

If you have any questions about your portal account, or encounter any difficulties, please do not hesitate to contact us at 866-512-3861, select the option for portal inquires & technical issues. We look forward to serving you.

Regards,
PAF Co-Pay Relief Program Team

**QUICK TIP**
Confirm Your Password within 2 hours
Registration (continued)
Enter and confirm your password using the following requirements

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 (for example: !, $, #, %...)

Confirm Password

Password

Confirm Password

[Arrow pointing to 'Enter Password']
Registration (continued)
Once you have successfully created a password, please select Click Here to sign into the portal.
Existing User Login
For existing users, sign in with your username (email address) and password, then select **Log In**.
Welcome to the Patient Dashboard!
To begin a new application, select +Create Application
Application:
The Application process consists of 5 sections:

- Patient Information
- Authorized Person(s)
- Insurance Information
- Medical
- Authorization
Application:

Patient Information Tab

- Select Fund Name from drop-down menu. Once the Fund has been selected you will be automatically directed to the Prequalification screen.
**Application**

**Patient Information Tab**

- Complete the Prequalification questions that will appear based on the fund selected
- Select **Submit**
Application: Patient Information Tab

Prequalification questions – Successful

- If Prequalification was successful, continue with the application process.

Prequalification questions – Failed

- If Prequalification was not successful, you will receive a message explaining the reason it was not successful. Please retain this information for your records.

Sample Denial Message

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

All applicants are required to be currently in treatment, planning to begin the treatment in the next 60 days, or have been in treatment in the past six (6) months.

If your circumstances change in the future, please feel free to contact the Co-Pay Relief Program at 1-866-512-3861 so that a program specialist can assist you.
Application:

Patient Information Tab: Address Details

Complete the required address fields, then select **Verify Address**. If “Address Verified” appears, proceed to the next step.
Application:

Patient Information Tab: Address Details

If the system is unable to verify the address entered, please review and make necessary corrections. If the address provided is correct, you may proceed to the next step.

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.
**Application:**

**Patient Information Tab: Address Details**

If the system identifies a zip code mismatch, the system will prompt you to correct the zip code. Select **YES** and make necessary corrections if needed and proceed to the next step.

A Zip Code mismatch has occurred, would you like to correct the Zip Code?

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**ADDRESS DETAILS**

<table>
<thead>
<tr>
<th>Address Type</th>
<th>Address Line 1</th>
<th>Address Line 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>5000 City Line Rd</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Hampton</td>
<td>ZipCode</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23661</td>
</tr>
<tr>
<td>State</td>
<td>Virginia</td>
<td></td>
</tr>
</tbody>
</table>
Application:

Patient Information Tab: Address Details

If no corrections need to be made to the zip code, select NO and proceed to the next step.
Application:

Patient Information Tab:

Complete the required fields, then select **NEXT**
Application:
Authorized Person(s) Tab
- If the patient **does not** wish to authorize someone to speak on their behalf, click **Next** to proceed to the next section
Application:
Authorized Person Tab (continued)

If the patient would like to authorize someone to speak on their behalf:

• Select Yes
• Complete the required fields for each authorized person
• To authorize additional people, click Add One More
• Select Next to Continue
Application: Insurance Information

Complete all required fields, then select **Next** to continue.

*Note: If the name of your insurance does not appear in the drop-down menu, you may manually input the name in the Primary insurance field.*

**QUICK TIP**

1. If the name of your insurance does not appear in the drop-down menu, you may manually input the name in the Primary insurance field.
2. If the patient’s insurance does not consist of a group number, enter “NA”.
Application: Medical Information

Treating Physician

Searching for your Treating Physician:

• Select the state from the drop-down menu, then enter the city
• To improve your search results, enter your treating physician’s First and Last name
• Press the Tab key on your keyboard to start your search
Application: Medical Information

Treating Physician (continued)

If your treating physician appears in the list below, click on the appropriate selection

- Your selection will be highlighted in blue
- If you need to make a change in your selection, simply click on the correct physician
- If your treating physician does not appear in the list, you can select the Click Here to Add hyperlink to manually enter your treating physician
Application: Medical Information

Treating Physician (continued)

• If your treating physician does not appear in the list, enter all required fields to add your treating physician and select Verify Address.
• If Address Verified appears, proceed to Diagnosis and Treatment Information.
Application:
Medical Information- Adding a new treating physician (continued)

- If the system is unable to verify the address entered, please review and make necessary corrections.
- If the address provided is correct, proceed to the Diagnosis and Treatment Information.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Address Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary</td>
<td>Henderson</td>
<td>Physical</td>
</tr>
</tbody>
</table>

Address Line 1
110033 Jefferson Ave

State
VA

ZIP Code
23601

City
Newport News

Fax
7578251000

Phone Number
7578252000

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.

VERIFY ADDRESS
Application: Medical Information

Diagnosis

Start typing your diagnosis and select the diagnosis from the drop-down menu then click **Next** to proceed.
Application: Authorization

Select your relationship to the patient

- Click **View Terms and Conditions** to review the Patient Agreement and Rate the Program’s Impact
- Review the Opt-Out Agreement
- Enter your electronic signature and phone number
- Click **Sign and Submit**
Applications:

Terms and Conditions and Rate the Program Impact
Application: 

Application Status

- The appropriate status will appear based on the information provided during the application process.
- If additional documentation is needed, you may upload the documents on the dashboard for further review.
- Please see the **Patient Portal Enhancement Guide** for further instructions on uploading documents.

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**CONGRATULATIONS!**

Your Application has been approved!

You are immediately eligible to begin submitting expenditures at this time. You are immediately eligible to begin submitting expenditures for your medication co-payments at your physician office, pharmacy, hospital and/or those you have previously paid. All eligible expenditures are processed on a first-come-first-serve basis regardless of submission method.

For your convenience, Patient Advocate Foundation Co-Pay Relief program has multiple methods of claim submission, including virtual pharmacy card, electronic upload on our portal, via fax using your unique barcoded cover sheet or by mail.

The virtual pharmacy card may be used at pharmacies or specially pharmacies by giving your card information.

Expenditures may be submitted through the online portal where you, your pharmacy, and provider upload expenditures directly.

Claims may be made through mailing or faxing expenditures with the patient’s unique barcode cover sheet.

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**PENDING!**

Your Application Status is Currently Pending

The Automated Income Verification system was unable to verify the information reported on your application. To review your application for eligibility, we will need to receive additional income documentation along with documentation verifying your Social Security Number. If we do not receive the required documentation within 30 days of your application, we will not be able to process the application through our system.

A letter has been attached to your application with details regarding what is required and can be viewed from the Applications>Correspondence tab.
Submitting a Claim

• To immediately submit a claim on an Approved application, select **Claims** from the Application Summary screen

• For detailed instructions on the online portal expenditure process, please visit [https://www.copays.org/sites/all/themes/copays/images/pdf/expenditure.pdf](https://www.copays.org/sites/all/themes/copays/images/pdf/expenditure.pdf)
Submitting a Claim (continued)

• To submit a claim online click + Submit A Claim to be automatically taken to the Claim Submission Screen

• From this screen, you can print a blank Proof of Expenditure Form and a uniquely barcoded fax cover sheet specific to the award
Submitting a Claim (continued)

Payable To

• Select the desired payee under the “Payable To” drop down menu for reimbursement
• If “Patient” is selected as the payee from the drop-menu for patient reimbursement; the patient’s address will automatically populate
• Click Next to proceed
Submitting a Claim (continued)

Payable To

• If your address needs to be updated, select “Other” and complete the required fields, then select **Verify Address**.
• If “Address Verified” appears, click **Next** to proceed.
Submitting a Claim (continued)

Payable To

- If the system is unable to verify the address entered, please review and make necessary corrections. If the address provided is correct, click **Next** to proceed.
Submitting a Claim (continued)

Payable To

- If **Provider** is selected as the payee from the drop-menu for provider reimbursement, the payment will be issued to the provider listed on the supporting documents
- Click **Next** to proceed
Submitting a claim
Uploading supporting documents

- To submit supporting documentation, simply drag and drop the file or click the box to upload required documents
- Your document(s) will appear on this screen once they have been successfully uploaded
- Once complete, click **Next** to proceed to the **Signature** tab

**QUICK TIP**
For patient reimbursement, proof of payment is required
Submitting a Claim

• Review the Claim Attestation
• Enter your electronic signature
• Click Sign and Submit
• You will be redirected to the Dashboard
• To learn about the new Dashboard and its features, view the Patient Enhancement User Guide
Contact Information

421 Butler Farm Road
Hampton, VA 23666

Have Questions about using the Portals? Call us!

Phone: (866) 512-3861, Option 5
(Portal Inquiries/Technical Issues)

Fax: (757) 952-0119

Website: www.copays.org

E-Mail: cpr@patientadvocate.org
PATIENT PORTAL DASHBOARD USER GUIDE
Welcome to the Patient Dashboard!

Our goal with the patient dashboard is to deliver an improved online experience that is more efficient, provides more actionable information to you based on your needs and is in a format that is customizable and takes less of your valuable time to use!
This guide will walk you through the enhanced features of your dashboard, to include:

- Dashboard Features (pages 4-7)
- Applications Tab (pages 8-13)
- Contact Information (page 14)
The landing page consists of two parts:

- **Dashboard**
  - Your Recently Created Application
  - Recent Activities
  - Actions Required by you

- **Applications**
  - List of all the applications in your account
  - Create New Applications
Dashboard:

Recently Created Application

The Recently Created Application section will display the following information:

- Patient’s Name
- Selected Diagnosis
- Application Status (Approved, Pending or Denied)
- Account Balance
- Approval (Eff)/Expiration(Expiry) Dates
- Action Buttons
- View Application Details
  - Allows the user to view specific details of the application

Quick Tip
Select the Action Button to:
- View Claims
- View Documents
- View Virtual Pharmacy Card
Dashboard:

Recent Activities

• The Recent Activities section will show the three most recent activities on the patient’s account
• To view additional activities, click View All
• View Details
  ➢ Allows the user to view specific details of the selected activity
Dashboard:

Actions Required

- The Actions Required section will provide the user with information on the most current time-sensitive actions that are necessary for:
  - Pending accounts that are missing information/documentation
  - Reminders about award utilization requirements for approved accounts
  - Reminders to reapply, if needed, at the end of the award period
- To view additional actions required, click View All
Applications:

Landing Page

• From the landing page, click the Applications tab to view details of all the applications in your account
• First-time applicants will need to click +New Application to create an application
• User will be able to complete actions within a specific application by selecting an action button
• View Application Details
  ➢ Allows the user to view specific details of the selected application

QUICK TIP
Select the Action Button to:
- View Claims
- View Documents
- Reapply (Existing Patients)
- View Virtual Pharmacy Card
Applications:

Award Info

- The **Award Info** section provides details about the award
  - Fund Name
  - Application Status
  - Effective/Expiry Dates
  - Balance

- The **Application Summary** section provides detailed information captured during the application process

**Quick Tip:** Click the **Print** button to print a copy of the completed application.
Applications:

Upload Documents

- The Upload Documents section will allow the user to upload required documents for pending and approved applications.
- The user can also search and filter to review their uploaded documents by using several search methods.

QUICK TIPS

1. To narrow your search results, enter specific document identifiers or click the column header to sort.
2. You can also show additional rows to expand your search.
3. Select the Action Button to:
   - View your uploaded document(s)
Applications:

Correspondence

- The Correspondence section allows the user to view all correspondence received from PAF.

QUICK TIP

Select the Action Button to:
- Download Correspondence
Applications:

**Claims**
- The **Claim** section allows the user to view all claims associated with the application
- To enter a claim from this screen, select **+Submit A Claim**
- From this screen, you can also print a blank Proof of Expenditure Form and a uniquely barcoded fax cover sheet specific to the award

**QUICK TIPS**
1. To narrow your search results, enter specific claim details or click the column header to sort
2. You can also show additional rows to expand your search
3. Select the Action Button to:
   - View uploaded document(s)
Applications:

Application Status/Pharmacy Card

- The **Application Status/Pharmacy Card** section provides you with the current account status.
- Approved patients can also view and print their Virtual Pharmacy Card.
Contact Information
421 Butler Farm Road
Hampton, VA 23666

Need Help with the Patient Portal? Call Us!
Phone: (866) 512-3861
Option 5 (Portal Inquiries/Technical Issues)

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Website: www.copays.org
E-Mail: cpr@patientadvocate.org