GALDERMA

EST. 1981

GALDERMA PATIENT SERVICES

HCP PORTAL

User Guide
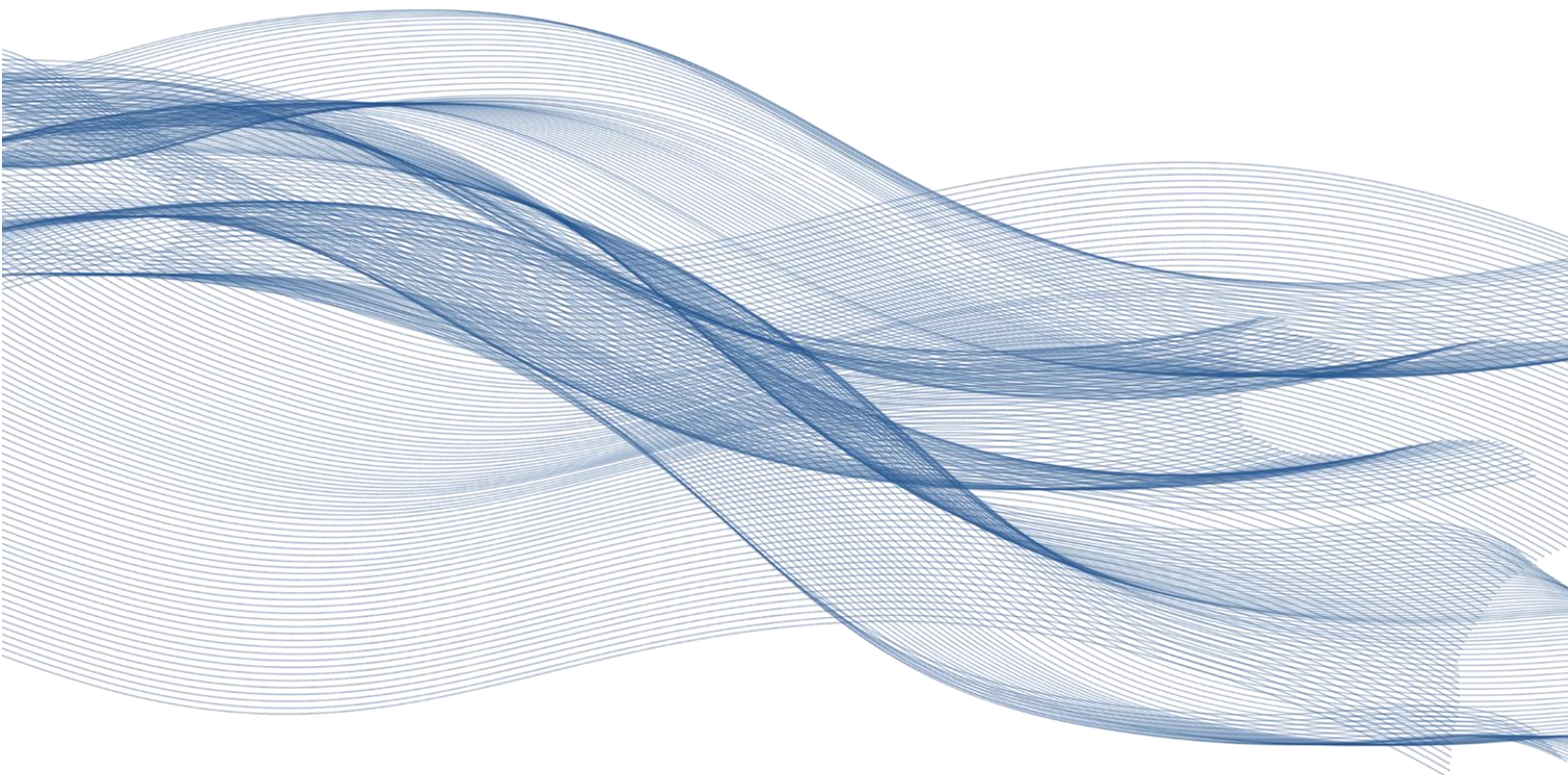Version 1.0

Table of Contents

1. Introduction

1.1 Purpose of the Document

This chapter provides a brief introduction to Galderma HCP Portal. In addition, it specifies the purpose, audience, and conventions used in this document. Also, it provides links to related documents and sources to obtain support.

1.2 Audience

This guide is intended for HCP Offices, Staffs, Doctors, Patients who use the HCP Portal to submit the enrollment request for their patients, and apart from enrollment request, they can also request a benefit verification, prior authorization, and claims.

1.3 Document Conventions

Table 1: Document Conventions

Item	Convention
Commands and keywords	**Boldface** font
Variables for which you supply values	*Italic* font
Menu items and button names	**Boldface** font
🗎 Note	Additional information, suggestions or references that require attention from you

1.4 Support Information

Phone:
(855) 636-5884

Fax:
(844) 636-5884

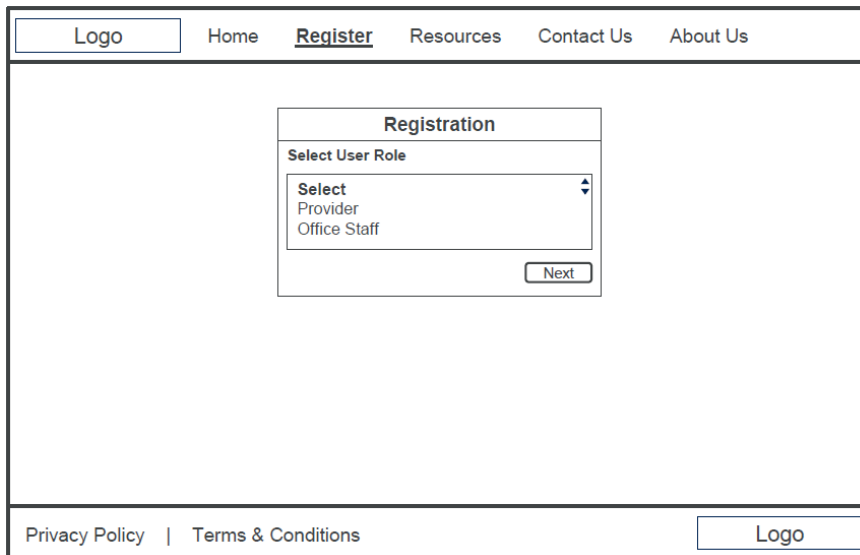**Hours of Operation:**
8:00am - 8:00pm ET

1.5 Version Information

Revision 1.0 version **Galderma HCP Portal User Guide 1.0**

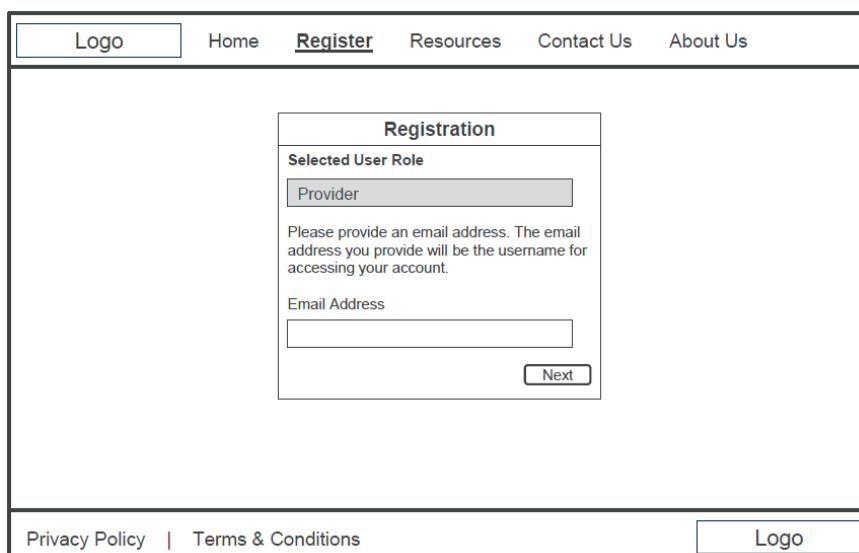## 2. Homepage, Registration, Forgot Password

2.1 Registration

- To register, the user shall click on the "**Register**" tab of the Homepage.
- The user will select the appropriate role and continue with the registration process.
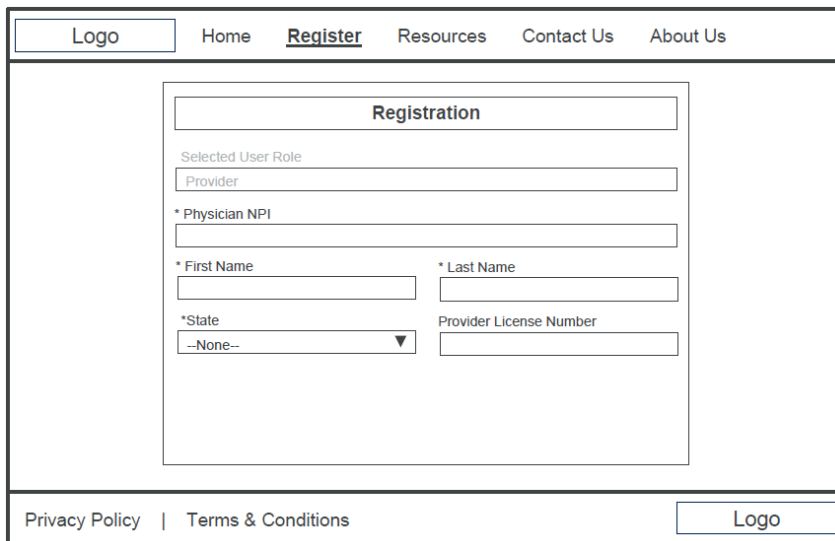

For the HCP

- The user shall select "**Provider**".
- The user will enter their *Email Address* and click "**Next**" to start their registration process.

- The user must then fill in the following details:

- *Physician NPI
- *First Name
- *Last Name
- *State
- Provider License Number
- *Site NPI
- *Office/Site Name
- Fax
- *Address
- *Address Line 2
- City
- *Zip

An Asterisk (*) indicates a required field.

The user must enter at least **one site**. Additional sites may be added by the user by clicking on the "**+**" icon below.

- Once the user has filed out the *mandatory fields*, click "**Submit**".

For the Office Staff

- The user shall select "**Office Staff**".
- The user will enter their *First Name*, *Last Name*, *Phone*, and *Email Address*, and click "**Next**" to start their registration process.

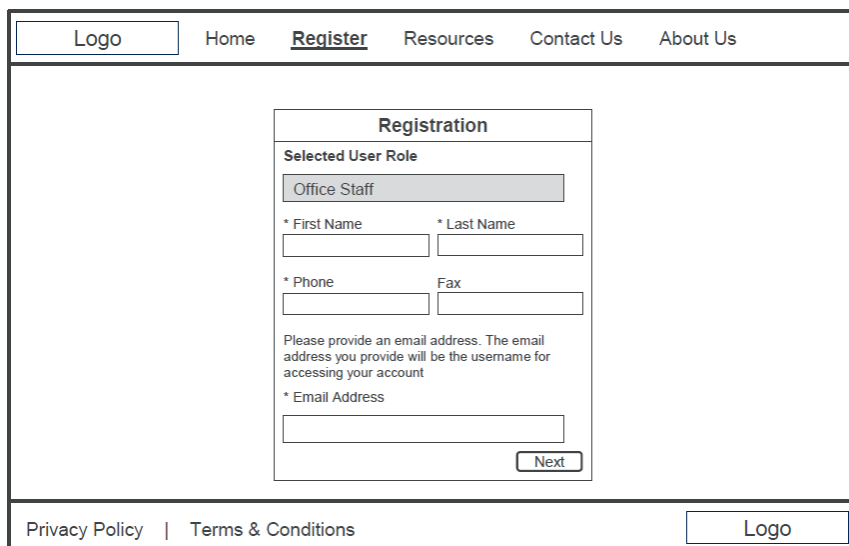| Logo | Home | **Register** | Resources | Contact Us | About Us |

Registration

Selected User Role

Office Staff

* First Name   * Last Name

* Phone   Fax

Please provide an email address. The email address you provide will be the username for accessing your account

* Email Address

Next

Privacy Policy | Terms & Conditions   Logo

- The user must then fill in the following details:

| Logo | Home | **Register** | Resources | Contact Us | About Us |

Registration

Selected User Role

Office Staff

Office/Sites

Add Offices & Sites you are associated with

Site NPI

* Office/Site Name   Fax

* Address   * Address Line 2

*State   City
--None--

*Zip

☐ This location is also the treating site
+ Add Additional Sites

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- *Site NPI
- *Office/Site Name
- *Address
- *Address Line 2
- Fax
- *State
- City
- *Zip

An Asterisk (*) indicates a required field.

The user must enter at least **one site**. Additional sites may be added by the user by clicking on the "**+**" icon below.

- *Physician NPI
- *First Name
- *Last Name
- *State
- Provider License Number

An Asterisk (*) indicates a required field.

The user must enter at least **one HCP**. Additional HCPs may be added by the user by clicking on the "**+**" icon below.

- Once the user has filed out the *mandatory fields*, click "**Submit**".

2.1.1 Registration Completed

- Upon submission, the user will be able to view the "**Registration Completed**" page and will receive an email.

2.1.2 Welcome Email/Access Denial Email

- Following validation, the user will receive a **Welcome Email** or **Access Denial Email**.

| Welcome email | Access denial email |

2.2 Logging into HCP Portal

Once the user is registered, they can access the Galderma HCP portal by logging in.

- On the **User Login** page, the user must enter the *registered email* and *password,* and click "**Login**". The user will then be directed to the **Homepage.**
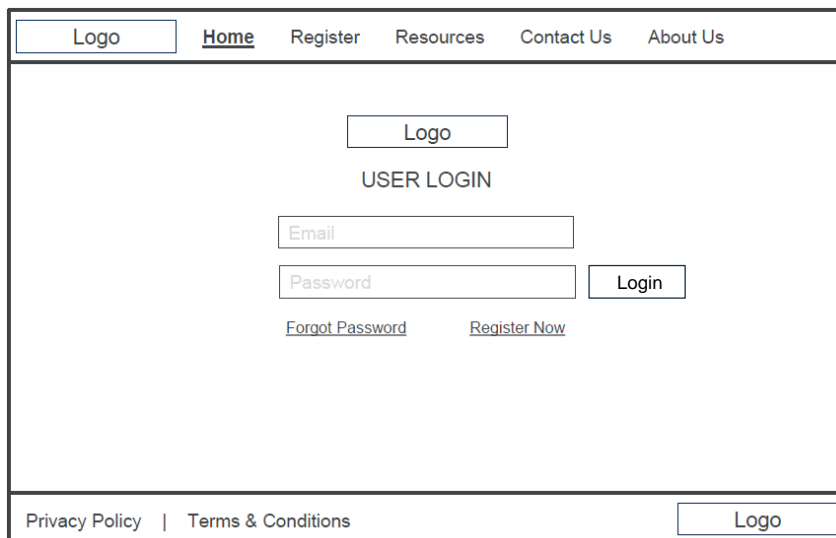
- *An interstitial page will appear when user clicks on any external link (**Privacy Policy / Terms & Conditions**).*
- *If the user continues, the webpage will open in a new tab, so the user remains on Galderma's website.*

2.3 Forgot Password

- On the *User Login* page, the user shall click on "**Forgot Password**"*.*

- The user shall enter the *username* and click "**Submit**"*.*

- Upon successful submission, the user will be able to view the ***Thank You*** page and a ***Reset your Password*** email.

- The user shall click on the "**Forgot Password**" link, which will redirect them to the ***Reset Your Password*** page.

Thank you page
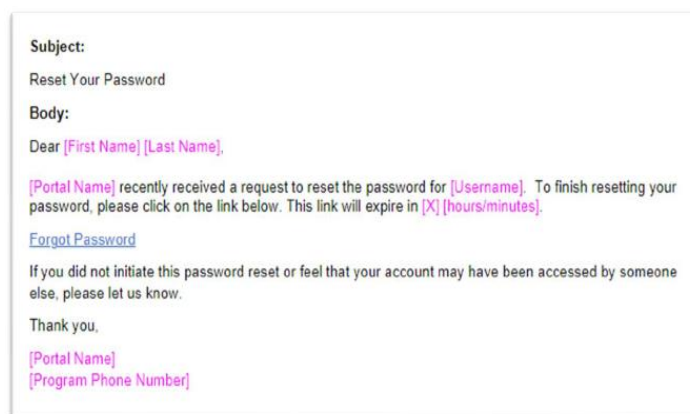
Reset your password email

2.4 Homepage

- After you log into the portal, the ***Homepage*** appears by default.

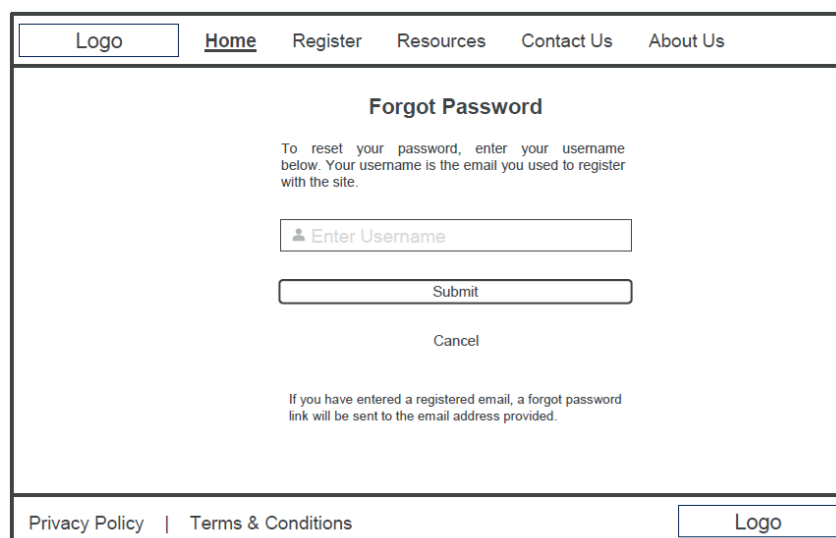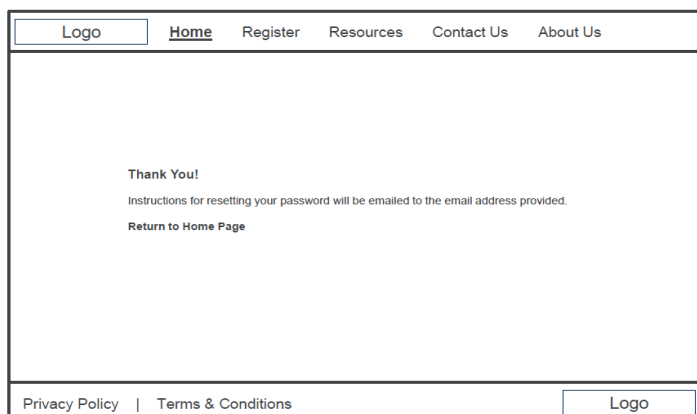- The "**Home**" page typically displays the information of different menu elements.

- The top Navigation menu bar includes "**Home**", "**Submit Enrollment**", "**Submit Claim**", "**Verify Benefits**", "**Submit PA**", "**Secure Message**", "**Resources**", and "**Contact Us**".

- On the top right side of the navigation menu displays the "**Notifications**" & "**User Profile**".

- On the left side of the homepage displays "**New Enrollment**", "**Verify Benefits**", "**Submit PA**", "**Submit Claim**", and "**Secure Message**".

- **Search Cases:** This tab can search cases by the ***Case Number***, ***Case Type***, ***Patient Name***, ***Status***, ***Outcome***, ***Outcome Reason***, and ***Product Name***.
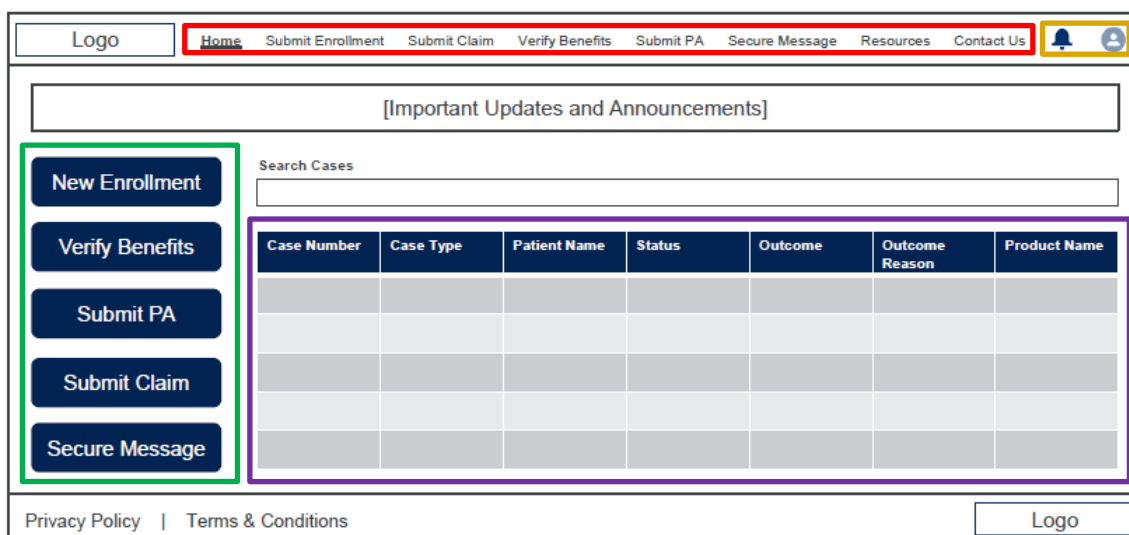
- The User Profile icon includes: "**My Profile**", "**My Account**", "**Settings**" & "**Logout**".

- **My Profile:** This tab displays the User's Contact Information.
- **Edit:** The user selects this button to edit the User Information.

- **My Account:** This tab displays the User Information. User can select the Office Locations from the *dropdown* menu tab.
- **For HCP**, user can select an *Office* from the *dropdown* to view contact details.

| Logo | Home | Submit Enrollment | Submit Claim | More v | 🔔 | 👤 |

My Account

NPI:
First Name:
Last Name:
Phone Number:
Email Address:

My Office Locations

| Select ▼ |

Name:
Address
City
State
Zip Code
Office Phone
Extension
Office Fax

To add additional Office Locations please contact the program at [Phone Number], Monday through Friday from 8:00am – 8:00pm ET

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- **For Office Staff**, user can select an *Office* or *HCP* from the *dropdown* to view contact details.

| Logo | Home | Submit Enrollment | Submit Claim | More v | 🔔 | 👤 |

My Account

First Name:
Last Name:
Phone Number:
Email Address:

My Office Locations   **My Healthcare Providers**

| Select ▼ | | Select ▼ |

Name: NPI:
Address   First Name:
City   Last Name:
State
Zip Code
Office Phone
Extension
Office Fax

To add additional Healthcare Providers or Office Locations please contact the program at [Phone Number], Monday through Friday from 8:00am – 8:00pm ET

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- **My Settings:** This tab displays the *Account Username* and *Email address*.
- The user can change the "**Language**", "**Time Zone**", and "**Locale**" settings on this page using a *dropdown* menu.

- **Notifications:** This tab displays Notification messages in the portal.
- **Important Updates and Announcements:** This page displays Updates & Announcements.

- **Logout:** This tab logs out from the HCP Portal.

2.5 Case Detail

- To access the *Case Detail* of a patient, use shall click on the "***Case Number***" of a particular patient on the Homepage.
- Alternatively, user can also search for the *Case Detail* of a patient using the "**Search Cases**" bar on the top. User shall enter the "***Case Number***" of a patient and press "**Enter**".

- The top banner displays the *Case Type* & *Case Number*.
- The user can access the **Patient Information** in the "**Details**" tab.

- Under "**Related**" tab, user can *upload/view* documents linked to a case.

- To upload documents, user shall select the document type in the "Available" list. The user can view the selected document type in the "Chosen" list.
- Once selected, the user shall click on "Upload flies" to upload the documents linked to the case.
- The user can also drag/drop files on the portal from their system.

Note: Maximum size of 25MB per file*
Supported file type: .doc, .docx, .tif, .tiff, .pdf
File name cannot include periods(.), commas(,) or additional characters (~#%&{}+)

User can check the uploaded files under the "**Document Checklist**" section.
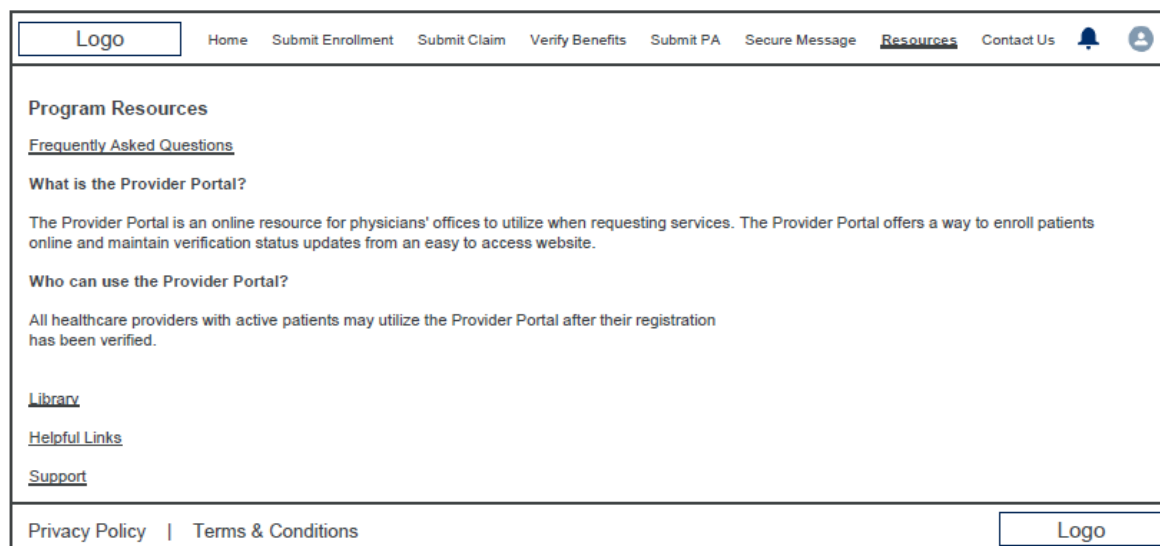
Galderma HCP- User Guide

3. Public Pages

3.1 Resources

- The *Resources* page includes links to documents and external websites, separated into "**Frequently Asked Questions**", "**Library**", "**Helpful Links**" and "**Support**".

- **Frequently Asked Questions:** This displays some common questions and answers pertaining to the Provider Portal.

- **Library**: This tab displays the library portal that serves as an interface that allows users to access library resources and services.

Logo	Home Submit Enrollment Submit Claim Verify Benefits Submit PA Secure Message Resources Contact Us 🔔 👤

Program Resources

Frequently Asked Questions

Library

Galderma Prescription and Enrollment Form

Galderma Billing and Coding Guide

Galderma FDA Approval Letter

Sample Letter of Appeal

Sample Letter of Medical Necessity

Helpful Links

Support

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- **Helpful Links**: This tab displays helpful links to the Users.

Logo	Home Submit Enrollment Submit Claim Verify Benefits Submit PA Secure Message Resources Contact Us 🔔 👤

Program Resources

Frequently Asked Questions

Library

Helpful Links

Support

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- **Support:** This menu provides the Galderma Program contact details. This matches the "**Contact Us"** tab in the Homepage Navigation.

| Logo | Home | Submit Enrollment | Submit Claim | Verify Benefits | Submit PA | Secure Message | Resources | Contact Us | 🔔 | 👤 |

Program Resources

Support

Mailing Address:
Galderma

Phone:
(866) 000-0000

Fax:
(855) 000-0000

Hours of Operation:
Monday – Friday, 8:00am – 8:00pm ET

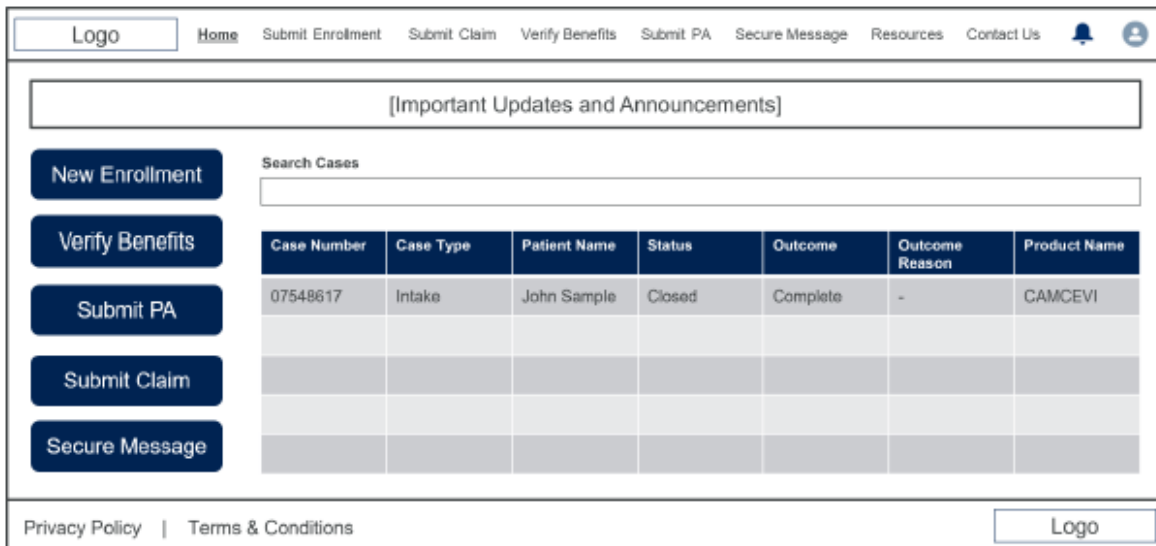Privacy Policy | Terms & Conditions   Logo

3.2 Contact Us

- This tab provides the Galderma program contact details.

| Logo | Home | Submit Enrollment | Submit Claim | Verify Benefits | Submit PA | Secure Message | Resources | Contact Us | 🔔 | 👤 |

Contact Galderma

Mailing Address:
Galderma

Phone:
(866) 000-0000

Fax:
(855) 000-0000

Hours of Operation:
Monday – Friday, 8:00am – 8:00pm ET

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4. Enrollment Submission

4.1 Submitting a New Enrollment

- To submit a new patient enrollment, click on the "**New Enrollment**" tab on the **Homepage**.
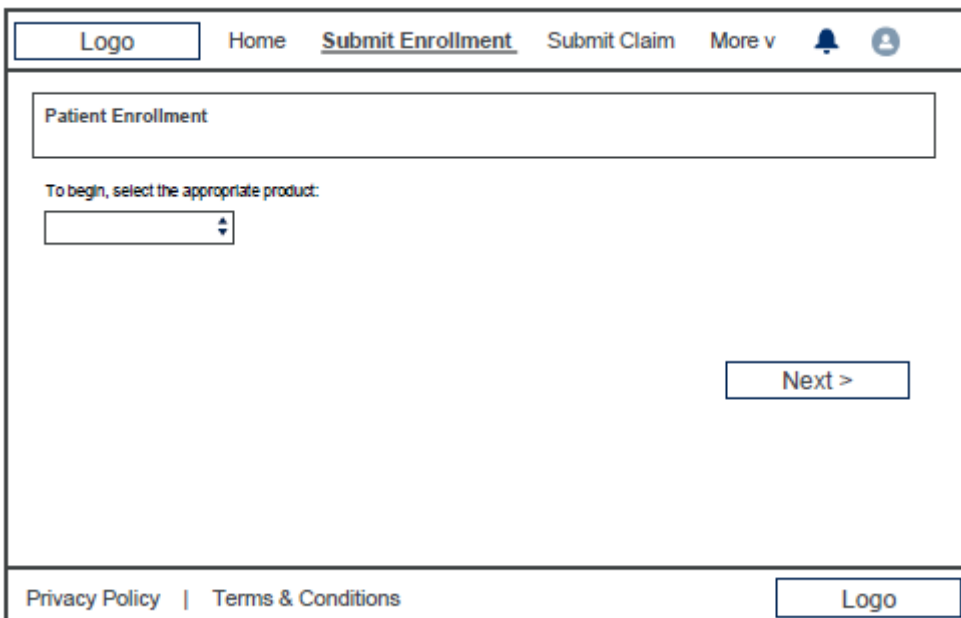

- Select the appropriate product from the *dropdown* menu, then click "**Next**".
- The product name with default to **NEMLUVIO,** until other products are added to the program**.**

- Fill out the *Patient and Address Information*, then click "**Next**".

- *First Name
- *Last Name
- *Date of Birth
- *Gender
- Home Phone Number
- Language Preference
- Mobile Number
- Email Address
- OK to Leave Message
- *Address 1
- *Address 2
- *City
- *State
- *Zip

An Asterisk (*) indicates a required field.

- Fill out the *Caregiver Information*, then click "**Next**".
  (User can skip this section if not applicable.)

Logo Home **Submit Enrollment** Submit Claim More v 🔔 👤 **Caregiver Information** [x] Patient authorized program to contact caregiver First Name Last Name [_____] [_____] Home Phone Number Relationship to Patient [_____] [_____] Mobile Number [_____] Next > Privacy Policy | Terms & Conditions Logo	• *First Name* • *Last Name* • *Home Phone Number* • *Mobile Number* • *Relationship to Patient* **An Asterisk (*) indicates a required field.**

- Fill out the *Insurance Information*, then click "**Next**".

Logo   Home   **Submit Enrollment**   Submit Claim   More v   🔔 👤
 	
 Insurance Information
 *Does patient have insurance? ⬤
       Yes
 	
 *Insurance Type: *Search Payer Account:
 [_____]   [_____]
 	
 Other Payer (Payer not listed?):   *Plan Primacy:
 [_____]   [_____]
 	
 Plan Type: Subplan Type:
 [_____]   [_____]
 	
 Plan Name: Phone:
 [_____]   [_____]
 	
 *ID / Policy No.:   Group No:
 [_____]   [_____]
 	
 Patient Relationship to Cardholder: Cardholder Name:
 [_____]   [_____]
 	
      Next >
 	
 + Add Additional Insurance Coverage
 	
 Privacy Policy | Terms & Conditions   Logo
	• **Insurance Type*
	
	 • **Search Payer Account*
	
	 • *Other Payer*
	
	 • **Plan Primacy*
	
	 • *Plan Type*
	
	 • *Subplan Type*
	
	 • *Plan Name*
	
	 • *Phone*
	
	 • **ID/Policy No.*
	
	 • *Group No.*
	
	 • *Patient Relationship to Cardholder*
	
	 • *Cardholder Name*
	
	 An Asterisk (*) indicates a required field.

Insurance Type, ***Plan Type***, & ***Subplan Type*** are *picklists* for the user to select from.

Additional insurance information may be added by the user by clicking on the "**+**" icon below.

- Fill out the *Provider Information*, then click "**Next**".

User will select the **Provider** and **Treating Site** from the *dropdown* menus. Other fields will prepopulate with information provided during registration.

- Fill out the *Treatment Information*.

- User will enter the **Primary** and **Secondary diagnosis** and the **Next Treatment Date**.

- User will upload related documents (upload or drag & drop).

- To upload documents, user shall select the document category in the "**Available**" list. The user can view the selected document type in the "**Chosen**" list.

- Once selected, the user shall click on "**Upload flies**" to upload the supporting documents.

- The user can also drag/drop files on the portal from their system.

- Once the process is complete, the user shall click "**Submit Enrollment**".

- Upon submitting, an *Enrollment Processing* loading screen shall appear.

- The user will remain on this screen until an eligibility determination has been made, and an eBV is processed, if applicable.

- The user will then be routed to the confirmation screen.

4.2 Enrollment Confirmation

The user will then be routed to certain confirmation screens based on the outcome of their eligibility and eBV.

4.2.1 Patient Ineligible

- Case confirmation page will display.
- Denial reason will populate based on patient specific denial reason.

Logo	Home	**Submit Enrollment**	Submit Claim	More ∨	🔔	👤

Thank you for submitting your patient's enrollment. Based on the information you have provided, your patient is not eligible for the program. If you feel this decision was made in error, please contact Galderma.

Intake Case	Case Number
	12345678

Detail   Related

∨ Details	
Status:	Closed
Outcome:	Denied
Outcome Reason:	[Denial Reason]
Created Date:	01/02/2024
Case Finalized Date:	01/02/2024

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4.2.2 Patient Eligible- Uninsured

- Case confirmation page will display.
- Uninsured patient information will be routed to Patient Support Services Center for processing and PAP/AFR evaluation.

Logo	Home	**Submit Enrollment**	Submit Claim	More ∨	🔔	👤

Thank you for submitting your patient's enrollment. A Galderma Team Member will review your enrollment and provide you with updates on potential assistance that your patient may be eligible for.

Intake Case	Case Number
	12345678

Detail   Related

∨ Details	
Status:	Closed
Outcome:	Complete
Outcome Reason:	-
Created Date:	01/02/2024
Case Finalized Date:	01/02/2024

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4.2.3 Patient Eligible- Unable to Determine Benefits

- Case confirmation page will display.
- If benefits are not able to be determined electronically, the case will be routed to Patient Support Services Center for follow up.

### 4.2.4 Patient Eligible- Product Covered with No Authorization Required

- Case confirmation page will display.

4.2.5 Patient Eligible- Product Covered with Authorization Required (ePA Available)

- Case confirmation page will display.
- User shall click on "**Click here**" link to initiate ePA.

4.2.6 Patient Eligible- Product Covered with Authorization Required (ePA Not Available)

- Case confirmation page will display.
- Case will be routed to Patient Support Services Center for follow up.

4.2.7 Patient Eligible- Product Not Covered with No Authorization Option Available

- Case confirmation page will display.

4.3 Submitting an ePA

- To initiate an ePA, User shall click on "**Click here**" link from the *Case Confirmation* page.

- User will enter details to include in the ePA submission.

- *Urgency*
- *Does your patient have advanced disease?*
- *Name/Strength*
- *Start Date*
- *End Date*
- *Additional Information*

An Asterisk (*) indicates a required field.

User can add additional fields by clicking on "**+ Add Additional Medications Tried/Failed**".

- User can attach supporting documents to submit with the PA.
- To upload documents, user shall select the document category in the "**Available**" list. The user can view the selected document type in the "**Chosen**" list.
- Once selected, the user shall click on "**Upload flies**" to upload the supporting documents.
- The user can also drag/drop files on the portal from their system.
- Users (HCPs) shall then provide an *Electronic Signature* along with their *Name* and *Signature Date*.
- Once all processes are completed, click "**Submit**".

- Upon submission, the user shall be directed to the *ePA Case Confirmation* page.

5. Benefit Verification

5.1 Submitting a Benefit Verification

- To submit a Benefit Verification, click on the "**Verify Benefits**" tab on the *Homepage*.

- Select a *Patient* and the *Insurance* from the *dropdown* menu, then click "**Next**".
  If the patient's insurance has changed, user shall click on the check box below.

Logo	Home	Submit Enrollment	Submit Claim	**Verify Benefits**	Submit PA	Secure Message	Resources	**Contact Us**	🔔	👤

Select Patient:

John Doe ⬍

If your patient is not found, you will need to Submit a New Enrollment in order to verify the patient's insurance benefits.

Select Insurance:

⬍

☐ My patient's insurance has changed

Next >

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Note: This notification will display if the user has a BV in progress or is not due for a reverification.

Logo	Home	Submit Enrollment	Submit Claim	More ∨	🔔	👤

Select Patient:

John Doe ⬍

Select Insurance:

⬍

☐ My patient's insurance has changed

Your patient already has a benefit verification in progress or has recently completed a benefit verification. Benefits may be reverified every [X Days/Months].

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- User can add new insurance information if the patient's insurance has changed.
- Once all information is added, click "**Next**".

- *Insurance Type
- *Search Payer Account
- Other Payer
- *Plan Primacy
- Plan Type
- Subplan Type
- Plan Name
- Phone
- *ID/Policy No.
- Group No.
- Patient Relationship to Cardholder
- Cardholder Name

An Asterisk (*) indicates a required field.

Insurance Type, **Plan Type**, & **Subplan Type** are *picklists* for the user to select from.

- Upon clicking confirmation, the user will then be routed to the **Confirmation** screen.

5.2 Benefit Verification Confirmation

5.2.1 BV- Unable to Determine Benefits

- Case confirmation page will display.
- If benefits are not able to be determined electronically, the case will be routed to Patient Support Services Center for follow up.

5.2.2 BV- Product Covered with No Authorization Required

- Case confirmation page will display.

5.2.3 BV- Product Covered with Authorization Required (ePA Available)

- Case confirmation page will display.
- User shall click on "**Click here**" link to initiate ePA.

5.2.4 BV- Product Covered with Authorization Required (ePA Not Available)

- Case confirmation page will display.
- Case will be routed to Patient Support Services Center for follow up.

5.2.5 BV- Product Not Covered with No Authorization Option Available

- Case confirmation page will display.

6. Prior Authorization

6.1 Submitting a Prior Authorization

- To submit a Prior Authorization, click on the "**Submit PA**" tab on the *Homepage*.

- Select a *Patient* and the *Insurance* from the *dropdown* menu, then click "**Next**".
If the patient's insurance has changed, user shall click on the check box below.

Note: This notification will display if the user has a PA in progress or is not due for a reverification.

| Logo | Home | Submit Enrollment | Submit Claim | More v | 🔔 | 👤 |

Select Patient:

John Doe ⏺

Select Insurance:

⏺

☐ My patient's insurance has changed

Your patient already has a Prior Authorization in progress or has recently completed a Prior Authorization. A reauthorization may be requested on [Reauthorization Date].

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- User can add new insurance information if the patient's insurance has changed.
- Once all information is added, click "**Next**".

| Logo | Home | Submit Enrollment | Submit Claim | More v | 🔔 | 👤 |

*Insurance Type:

Other Payer (Payer not listed?):

Plan Type:

Plan Name:

*ID / Policy No.:

Patient Relationship to Cardholder:

*Search Payer Account:

*Plan Primacy:

Subplan Type:

Phone:

Group No:

Cardholder Name:

Next >

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Insurance Type, *Plan Type*, & *Subplan Type* are *picklists* for the user to select from.

- *Insurance Type*
- *Search Payer Account*
- Other Payer
- *Plan Primacy*
- Plan Type
- Subplan Type
- Plan Name
- Phone
- *ID/Policy No.*
- Group No.
- Patient Relationship to Cardholder
- Cardholder Name

An Asterisk (*) indicates a required field.

- User will enter details to include in the ePA submission.

- *Urgency*
- *Does your patient have advanced disease?*
- *Name/Strength*
- *Start Date*
- *End Date*
- *Additional Information*

An Asterisk (*) indicates a required field.

User can add additional fields by clicking on "**+ Add Additional Medications Tried/Failed**".

- User can attach supporting documents to submit with the PA.
- To upload documents, user shall select the document category in the "**Available**" list. The user can view the selected document type in the "**Chosen**" list.
- Once selected, the user shall click on "**Upload flies**" to upload the supporting documents.
- The user can also drag/drop files on the portal from their system.
- Users (HCPs) shall then provide an *Electronic Signature* along with their *Name* and *Signature Date*.
- Once all processes are completed, click "**Submit**".

- Upon submission, the user shall be directed to the *Case Confirmation* page.

7. Claims

7.1 Submitting a Claim

- To submit a Claim, click on the "**Submit Claim**" tab on the *Homepage*.

- From the enrolled patient list, select the *patient* of interest, then click on "**View**" to start the claim submission process.

| Logo | Home | Submit Enrollment | **Submit Claim** | More v | 🔔 | 👤 |

Patient Search

[Patient Name, Patient ID, Date of Birth]

Please search for your Patient
- Patient Found: Click on arrow & select View
- Patient is not Found: You will need to enroll the patient before submitting a claim.

v Patient List

Patient ID	Patient Name	Date of Birth	Date Enrolled	Last Modified Date	Status	
PAT-1111111111	John Sample	01/27/1990	01/03/24	01/09/24	Enrolled	▲ ▼ View
PAT-1111111112	John Smith	02/10/2002	01/08/24	01/10/24	Enrolled	

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- Click on "**Add New Claim**".

| Logo | Home | Submit Enrollment | **Submit Claim** | More v | 🔔 | 👤 |

v Patient Information

Name: John Sample
Gender: Male
Date of Birth: 01/27/1990

v Claim List

Claim Number	Type	Status	Outcome	Outcome Reason	Last Modified Date	Product
2365221	Claim	Open	-	-	01/11724	
2454352	Claim	Closed	Complete	-	01/10/24	

Add New Claim

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- Under the **Add New Claim** section, user shall select the *Product* and the *Preferred Reimbursement Method* from the *dropdown* menu.
- User is required to upload the supporting documents for claim submission.
- To upload documents, user shall select the document category in the "**Available**" list. The user can view the selected document type in the "**Chosen**" list.
- Once selected, the user shall click on "**Upload flies**" to upload the supporting documents.
- The user can also drag/drop files on the portal from their system.
- Once all processes are completed, click "**Submit Claim**".

Logo	Home Submit Enrollment **Submit Claim** More v 🔔 👤

v Patient Information

Name:	John Sample
Gender:	Male
Date of Birth:	01/27/1990

v Add New Claim

• Select product

--None-- ⏶⏷

Preferred Reimbursement Method

Check
ACH ⏶⏷

* Category

Available

Claim Documentation
EOB
Other ⏶⏷

Chosen

⬆ Upload files | Or drop files

Maximum size of 25MB per file
Supported file type: .doc, .docx, .tif, .tiff, .pdf
File name cannot include periods(.), commas(,) or additional characters (~#%&{}+)

Submit Claim

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- Upon submission, the user shall be directed to the *Claim Submission Confirmation* page.

8. Secure Message

8.1 Sending a Secure Message

- To send a secure message to the program, click on the "**Secure Message**" tab on the *Homepage*.

- Fill in the required fields, attach the supporting documentation to the Secure Message, then click "**Submit**".

Logo	Home	Submit Enrollment	**Secure Message**	More V	🔔	👤

New Message

Inquiry Type
--None--

Patient
Search Accounts..

Message

Upload Document

Cancel   Submit

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- User can view all the messages and their details.
- To view the message details, click on the preferred *Message ID.*

Logo	Home	Submit Enrollment	**Secure Message**	More v	🔔	👤

✏ Portal Message

Message ID	Inquiry Type	Subject	Message	Sender	Created Date
SM-0147	Patients	Text secure message	Text message	Skyler V	05/12/2023
SM-0145	Patients	Sample	What is status of enrollment?	Brad G	05/12/2023
SM-0143	Patients	Sent from portal	Unable to view status	Jill A	05/12/2023
SM-0142	Missing Information	Sample text	Help with Missing info	Skyler V	05/12/2023
SM-0134	Claims	Text secure message	Unable to see all claims	Jill A	05/12/2023
SM-0123	Patients	Text secure message	Text message	Skyler V	05/12/2023

◀ First	Previous	Page 1 of 2 Number of records: 13	Next	Last ▶

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- The user shall then be redirected to the *message details* page*.*

Logo	Home	Submit Enrollment	**Secure Message**	More v	🔔	👤

📱 Portal Message

Patient
John Sample

Inquiry Type
Claims

Subject
Test subject

Message
Test Test Test

Created date
1/12/2024 11:30 PM

Sender
Test Provider

Message History

> **Sent date:** 1/11/2024
> **Message:** M1 from portal
> **Sender:** Sample_123

> **Received date:** 1/11/2024
> **Message:** M1 from portal
> **Sender:** Sample_456

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- User will receive an email notification when new messages are received.

Subject:

You have a new message on the [insert portal name].

Body:

Dear [First Name] [Last Name],

You have a new secure message in the [insert portal name]!

To login to view your secure message, please click here.

Thank you,

[Portal Name]
[Program Phone Number]