

GALDERMA

EST. 1981

GALDERMA PATIENT SERVICES

HCP PORTAL

User Guide
Version 1.0

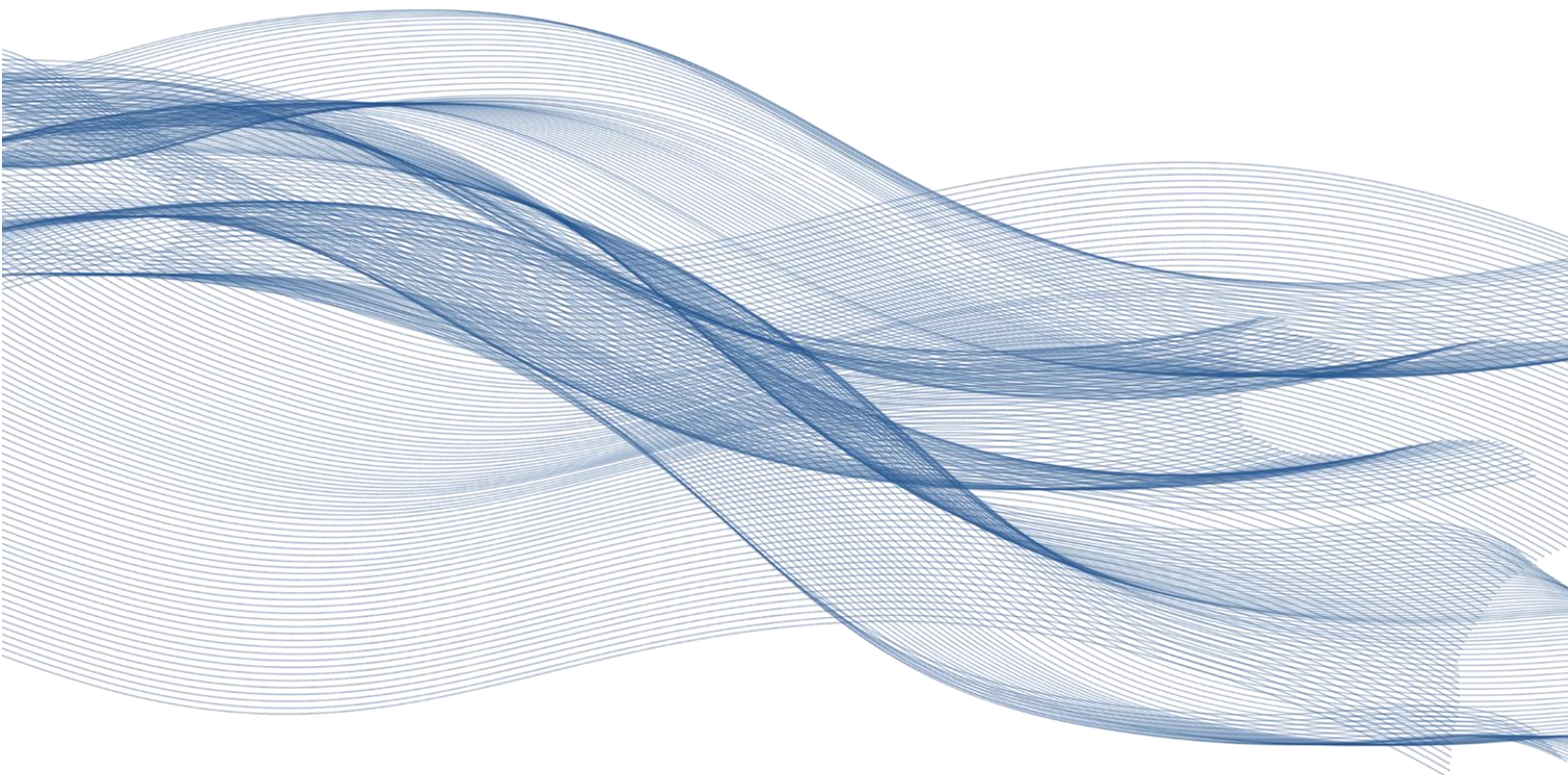


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1. Introduction

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	<i>Italic</i> 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

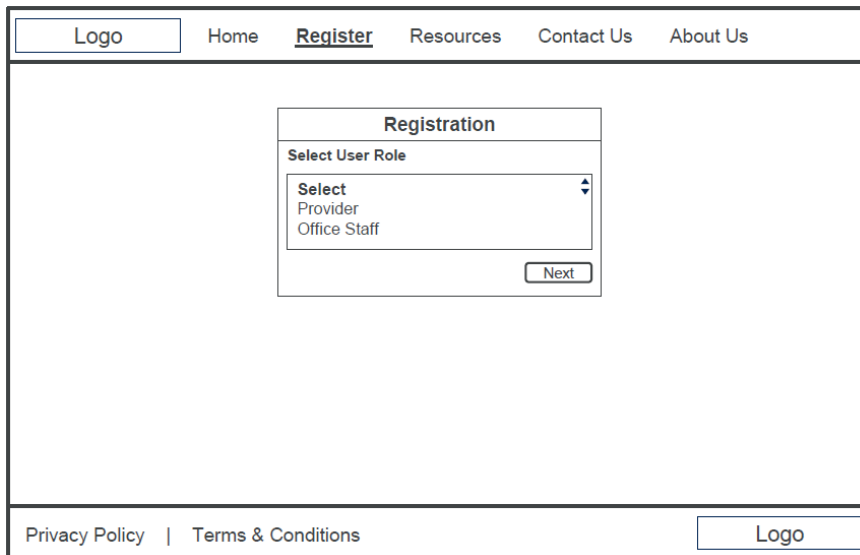
1.5 Version Information

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

2. Homepage, Registration, Forgot Password

2.1 Registration

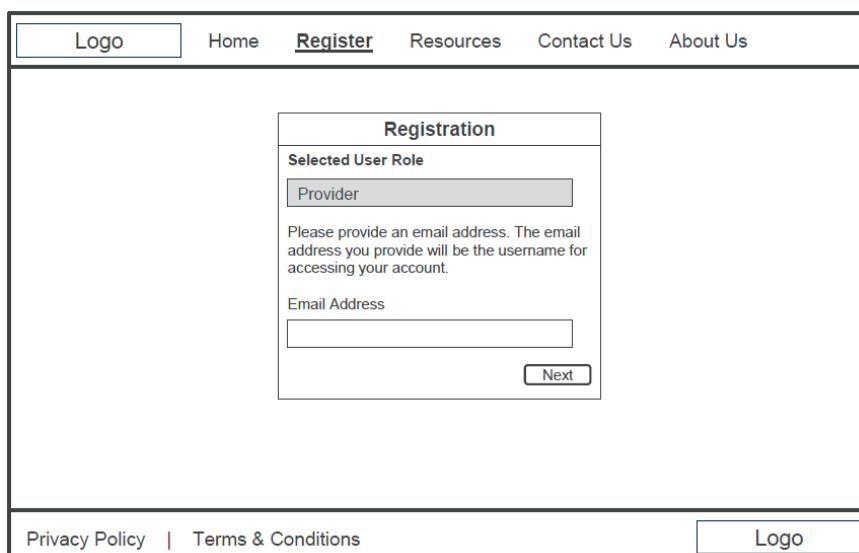
- To register, the user shall click on the “**Register**” tab of the Homepage.
- The user will select the appropriate role and continue with the registration process.



The screenshot shows a web application interface for registration. At the top, there is a navigation bar with a 'Logo' button and links for 'Home', 'Register' (which is underlined), 'Resources', 'Contact Us', and 'About Us'. The main content area contains a 'Registration' form. Inside this form, there is a section titled 'Select User Role' which includes a dropdown menu. The dropdown menu is currently open, showing the word 'Select' at the top, followed by the options 'Provider' and 'Office Staff'. A 'Next' button is located to the right of the dropdown menu. At the bottom of the page, there is a footer with links for 'Privacy Policy' and 'Terms & Conditions', and a 'Logo' button on the right.

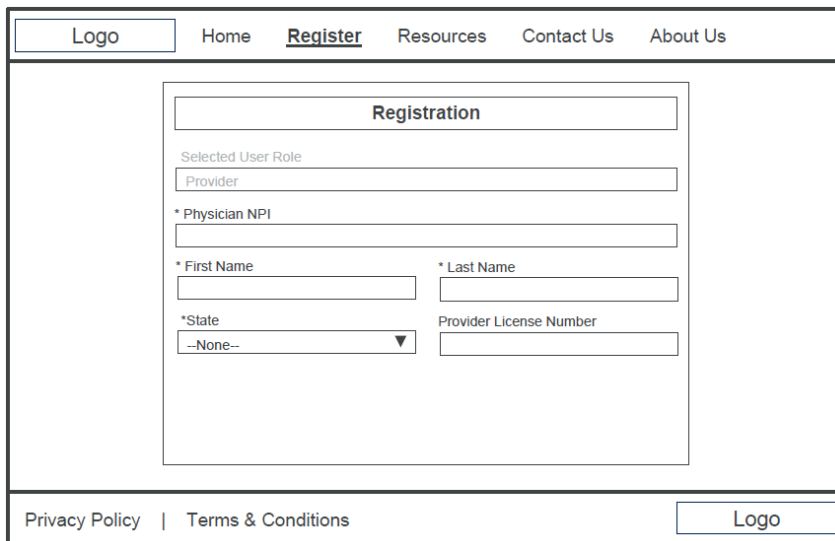
For the HCP

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



The screenshot shows the same web application interface as before, but the registration process has progressed. In the 'Registration' form, the 'Selected User Role' is now 'Provider', which is displayed in a grey box. Below this, there is a text prompt: 'Please provide an email address. The email address you provide will be the username for accessing your account.' This is followed by an 'Email Address' label and an empty text input field. A 'Next' button is positioned to the right of the input field. The navigation bar and footer remain the same as in the previous screenshot.

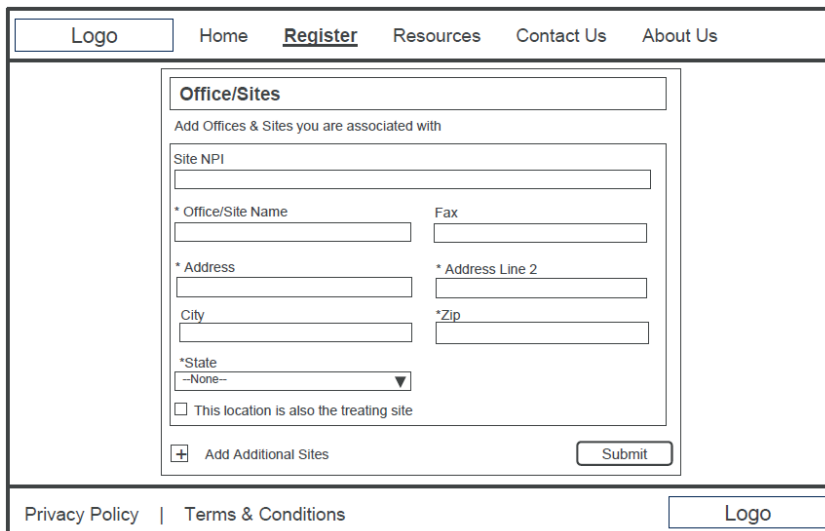
- The user must then fill in the following details:



The screenshot shows a web application with a navigation bar containing 'Logo', 'Home', 'Register' (highlighted), 'Resources', 'Contact Us', and 'About Us'. The main content area is titled 'Registration' and contains the following fields: 'Selected User Role' (a dropdown menu with 'Provider' selected), '* Physician NPI' (a text input field), '* First Name' (a text input field), '* Last Name' (a text input field), '* State' (a dropdown menu with '--None--' selected), and 'Provider License Number' (a text input field). At the bottom of the page, there is a footer with 'Privacy Policy | Terms & Conditions' and a 'Logo' button.

- **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.



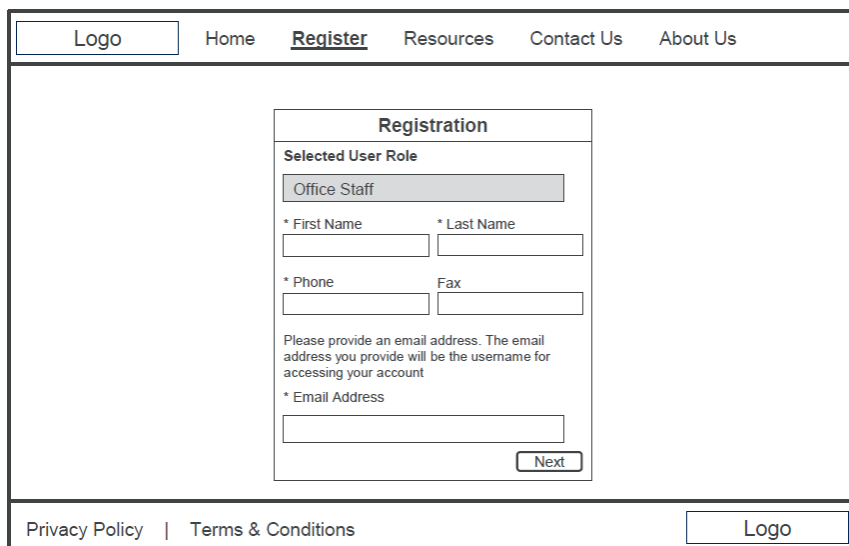
The screenshot shows a web application with a navigation bar containing 'Logo', 'Home', 'Register' (highlighted), 'Resources', 'Contact Us', and 'About Us'. The main content area is titled 'Office/Sites' and contains the following fields: 'Add Offices & Sites you are associated with' (a heading), 'Site NPI' (a text input field), '* Office/Site Name' (a text input field), 'Fax' (a text input field), '* Address' (a text input field), '* Address Line 2' (a text input field), 'City' (a text input field), '*Zip' (a text input field), '*State' (a dropdown menu with '--None--' selected), and a checkbox labeled 'This location is also the treating site'. At the bottom of the form, there is a '+ Add Additional Sites' button and a 'Submit' button. At the bottom of the page, there is a footer with 'Privacy Policy | Terms & Conditions' and a 'Logo' button.

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 filled 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.



The screenshot shows a web application with a navigation bar at the top containing a 'Logo' button and links for 'Home', 'Register', 'Resources', 'Contact Us', and 'About Us'. The 'Register' link is underlined. The main content area features a 'Registration' form. At the top of the form is the title 'Registration'. Below it is a section 'Selected User Role' with a dropdown menu showing 'Office Staff'. The form then has several input fields: '* First Name', '* Last Name', '* Phone', and 'Fax'. Below these is a text instruction: 'Please provide an email address. The email address you provide will be the username for accessing your account'. This is followed by an '* Email Address' input field. A 'Next' button is located at the bottom right of the form. At the bottom of the page, there is a footer with 'Privacy Policy | Terms & Conditions' on the left and a 'Logo' button on the right.

- The user must then fill in the following details:



This screenshot shows the same web application, but the 'Registration' form is expanded to show additional details. The 'Selected User Role' dropdown still shows 'Office Staff'. Below it is a section titled 'Office/Sites'. Under this section is the instruction 'Add Offices & Sites you are associated with'. There is a 'Site NPI' input field. Below that are two columns of input fields: '* Office/Site Name' and 'Fax' in the first column, and '* Address', '* Address Line 2', '* State' (with a dropdown menu showing '-None-'), and 'City' in the second column. Below these is an '* Zip' input field. At the bottom of this section is a checkbox labeled 'This location is also the treating site' and a '+' icon followed by the text 'Add Additional Sites'. The navigation bar and footer are the same as in the previous screenshot.

- *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**.

Subject:
Welcome to the [Portal Name]

Body:
Dear [First Name] [Last Name],
Welcome to [insert portal name]! Your account has been successfully verified.
Please [click here](#) to sign into your account.
Thank you,
[Portal Name]
[Program Phone Number]

Welcome email

Subject:
Update on your registration request

Body:
Dear [First Name] [Last Name],
We have reviewed your request to access [portal name]. We regret to inform you that we are unable to provide you with access based on the information you have provided.
[Access Denial Reason(s)]
If you feel this decision was made in error or have updated information to provide, please [click here](#) to restart the registration process.
Thank you,
[Portal Name]
[Program Phone Number]

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**.

Logo Home Register Resources Contact Us About Us

Logo

USER LOGIN

Email

Password Login

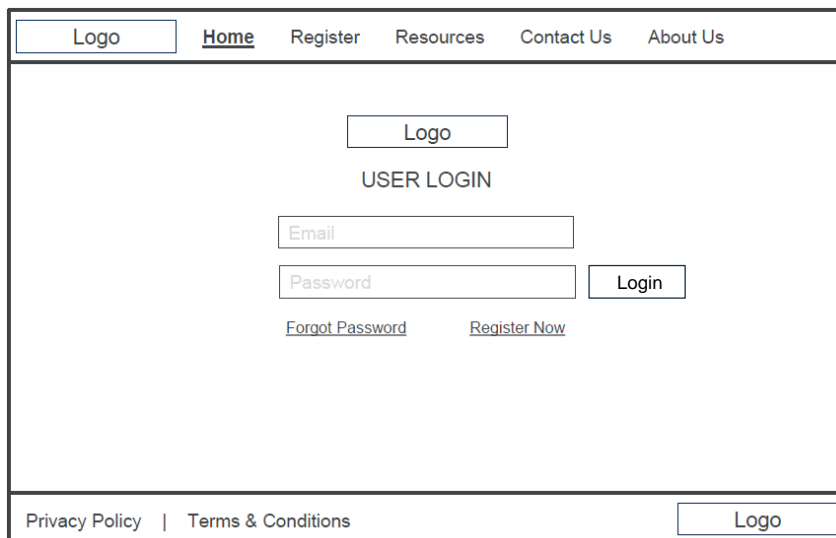
[Forgot Password](#) [Register Now](#)

Privacy Policy | Terms & Conditions Logo

- 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.

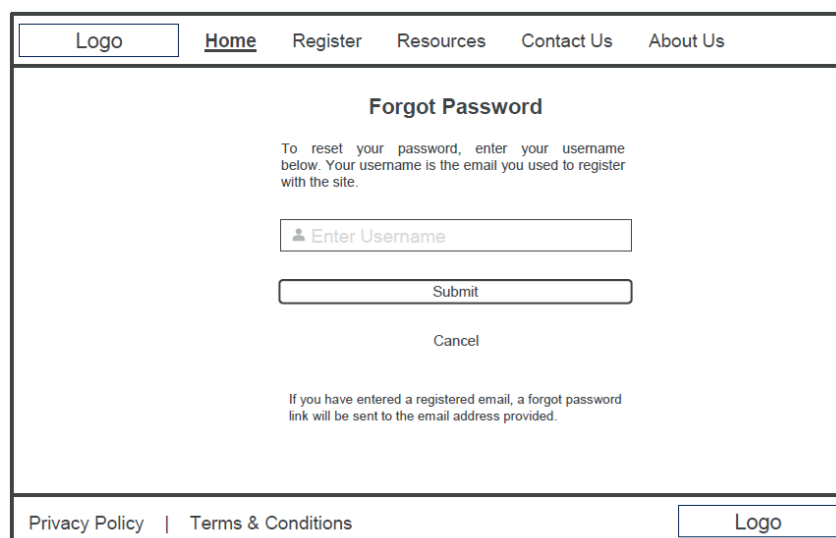
2.3 Forgot Password

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



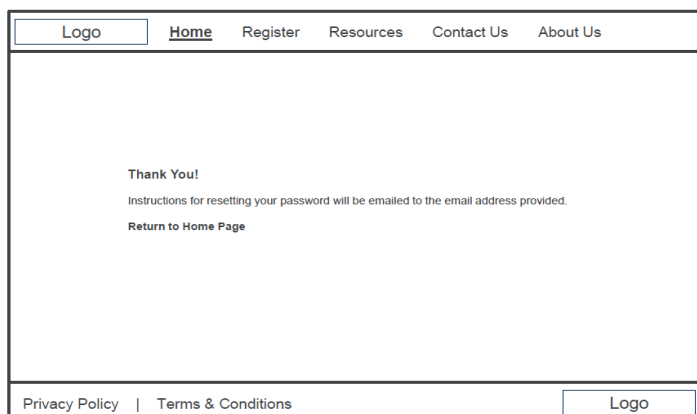
The screenshot shows the 'User Login' page. At the top, there is a navigation bar with links: Logo, Home, Register, Resources, Contact Us, and About Us. The main content area is titled 'USER LOGIN' and contains a 'Logo' button, an 'Email' input field, a 'Password' input field, and a 'Login' button. Below the password field are two links: 'Forgot Password' and 'Register Now'. At the bottom, there is a footer with 'Privacy Policy | Terms & Conditions' and a 'Logo' button.

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

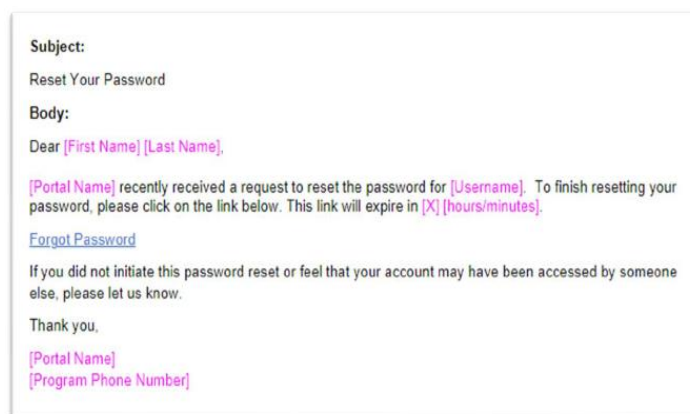


The screenshot shows the 'Forgot Password' page. At the top, there is a navigation bar with links: Logo, Home, Register, Resources, Contact Us, and About Us. The main content area is titled 'Forgot Password' and contains the following text: 'To reset your password, enter your username below. Your username is the email you used to register with the site.' Below this text is an input field with a user icon and the placeholder text 'Enter Username'. Below the input field is a 'Submit' button. Below the 'Submit' button is a 'Cancel' link. At the bottom, there is a footer with 'Privacy Policy | Terms & Conditions' and a 'Logo' button.

- 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.



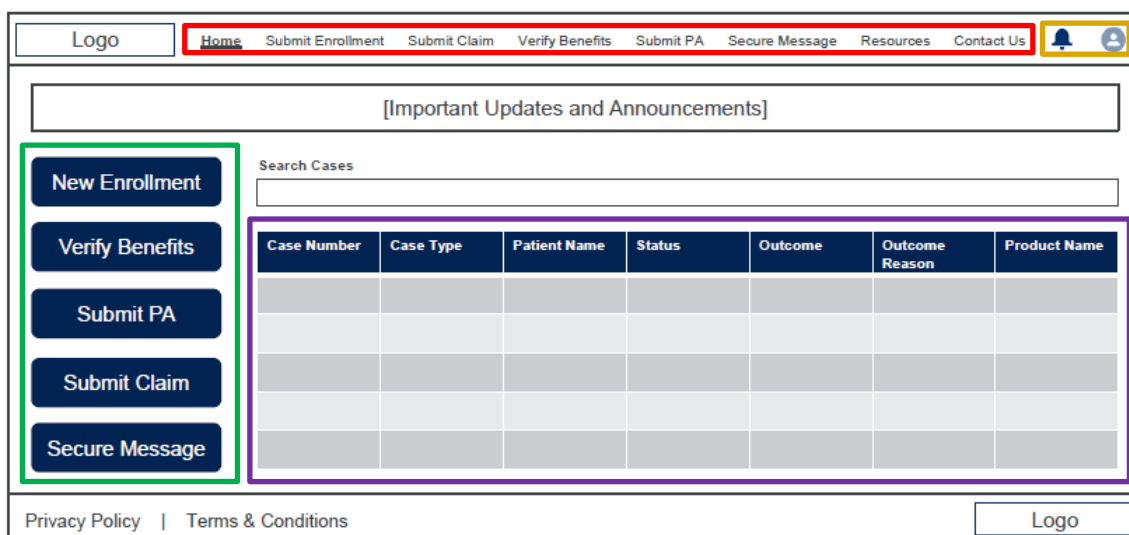
Thank you page



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**”.

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

[Important Updates and Announcements]

New Enrollment Search Cases

Case Number	Case Type	Patient Name	Status	Outcome	Outcome Reason	Product Name

Privacy Policy | Terms & Conditions Logo

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

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

John Miller
Customer

Edit

Name John Miller Title

Email john.miller@example.com Phone (854)321-7410

Mobile

About Me

Privacy Policy | Terms & Conditions Logo

- **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 <div>Select ▼</div> 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						
Privacy Policy Terms & Conditions					Logo	

- **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: <div> My Office Locations <div>Select ▼</div> Name: Address City State Zip Code Office Phone Extension Office Fax </div> <div> My Healthcare Providers <div>Select ▼</div> NPI: First Name: Last Name: </div>						
To add additional Healthcare Providers or Office Locations please contact the program at [Phone Number], Monday through Friday from 8:00am – 8:00pm ET						
Privacy Policy Terms & Conditions					Logo	

- **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.

My Settings

Account
Username
john.miller@example.com

Email address
john.miller@example.com

Location
Language
English

Time Zone
(GMT-06:00) Central Standard Time

Locale
English (United States)

Cancel Save

Privacy Policy | Terms & Conditions [Logo](#)

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

[Important Updates and Announcements]

Notifications
You don't have any notifications right now

New Enrollment

Verify Benefits

Submit PA

Submit Claim

Secure Message

Search Cases

Case Number	Case Type	Patient Name	Status	Outcome	Outcome Reason	Product Name

Privacy Policy | Terms & Conditions [Logo](#)

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

The screenshot shows the HCP Portal homepage. At the top, there is a navigation bar with links: Logo, Home, Submit Enrollment, Submit Claim, Verify Benefits, Submit PA, Secure Message, Resources, Contact Us, and a user profile icon. Below the navigation bar is a section for "[Important Updates and Announcements]". On the left side, there are five buttons: New Enrollment, Verify Benefits, Submit PA, Submit Claim, and Secure Message. In the center, there is a "Search Cases" input field. On the right side, there is a user menu with options: Home, My Profile, My Account, Settings, and Logout (highlighted with a red box). Below the search field is a table with the following columns: Case Number, Case Type, Patient Name, Status, Outcome, Outcome Reason, and Product Name. The table is currently empty. At the bottom, there are links for Privacy Policy and Terms & Conditions, and a Logo button.

2.5 Case Detail

- To access the *Case Detail* of a patient, user 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 screenshot shows the HCP Portal homepage with a case detail highlighted in the table. The "Case Number" column has the value "07548617" highlighted with a red box. The other columns are: Case Type (Intake), Patient Name (John Sample), Status (Closed), Outcome (Complete), Outcome Reason (-), and Product Name (CAMCEVI). The rest of the page layout is the same as the previous screenshot.

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

The screenshot shows the 'Details' tab selected. At the top, there's a banner with 'Intake Case' and 'Case Number 07548617'. Below this, there are tabs for 'Detail' (selected) and 'Related'. Under the 'Detail' tab, there's a section titled 'v Patient Information'. This section contains a list of patient details: Name (John Sample), Gender (Male), Date of Birth (01/27/1990), Patient ID (PAT-111111111), Home Phone (555-555-5555), and Mobile Phone (555-444-4444). At the bottom of the page, there are links for 'Privacy Policy' and 'Terms & Conditions', and a 'Logo' button.

- 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 files” 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 (~#%&{}+)

The screenshot shows the 'Related' tab selected. At the top, there's a banner with 'Intake Case' and 'Case Number 07548617'. Below this, there are tabs for 'Detail' and 'Related' (selected). Under the 'Related' tab, there's a section titled 'v Attachments'. This section contains a 'Category' dropdown menu with options: Claims, Prior Authorization, Benefit Verification, and Appeal. Below the dropdown, there are two columns: 'Available' and 'Chosen'. The 'Available' column has a list of document types: Claims, Prior Authorization, Benefit Verification, and Appeal. The 'Chosen' column is empty. Below these columns, there are buttons for 'Upload files' and 'Or drop files', and a 'Submit' button. Below the 'Submit' button, there are three lines of text: '*Maximum size of 25MB per file*', '*Supported file type: .doc, .docx, .tif, .tiff, .pdf*', and '*File name cannot include periods(.), commas(,) or additional characters (~#%&{}+)*'. Below this, there's a section titled 'v Document Checklist'. This section contains a table with two columns: 'Name' and 'Parent Record'. The table has one row with the value '[Link to Document]' in the 'Name' column and '07548617' in the 'Parent Record' column. At the bottom of the page, there are links for 'Privacy Policy' and 'Terms & Conditions', and a 'Logo' button.

User can check the uploaded files under the “**Document Checklist**” section.

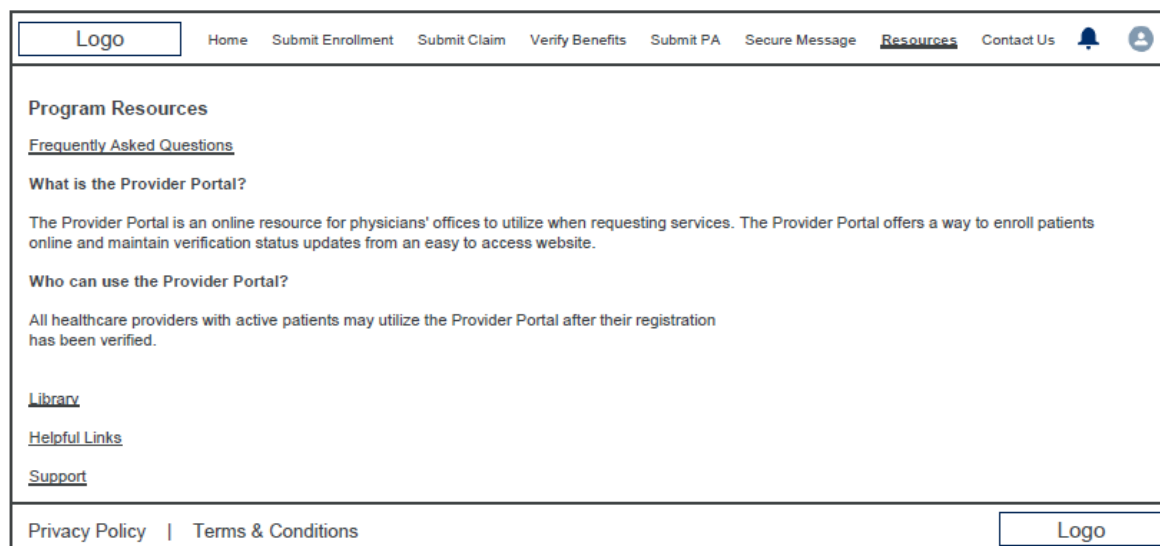
3. Public Pages

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.



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



- **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	<u>Resources</u>	Contact Us		
<p>Program Resources</p> <p><u>Support</u></p> <p>Mailing Address: Galderma</p> <p>Phone: (866) 000-0000</p> <p>Fax: (855) 000-0000</p> <p>Hours of Operation: Monday – Friday, 8:00am – 8:00pm ET</p>										
Privacy Policy Terms & Conditions								Logo		

3.2 Contact Us

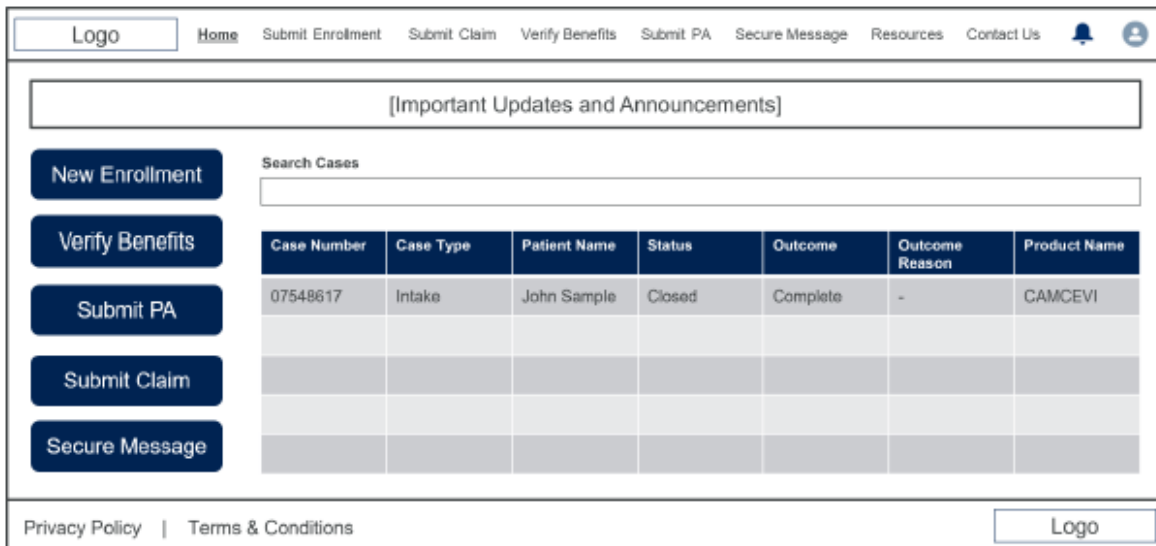
- This tab provides the Galderma program contact details.

Logo	Home	Submit Enrollment	Submit Claim	Verify Benefits	Submit PA	Secure Message	Resources	<u>Contact Us</u>		
<p>Contact Galderma</p> <p>Mailing Address: Galderma</p> <p>Phone: (866) 000-0000</p> <p>Fax: (855) 000-0000</p> <p>Hours of Operation: Monday – Friday, 8:00am – 8:00pm ET</p>										
Privacy Policy Terms & Conditions								Logo		

4. Enrollment Submission

4.1 Submitting a New Enrollment

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

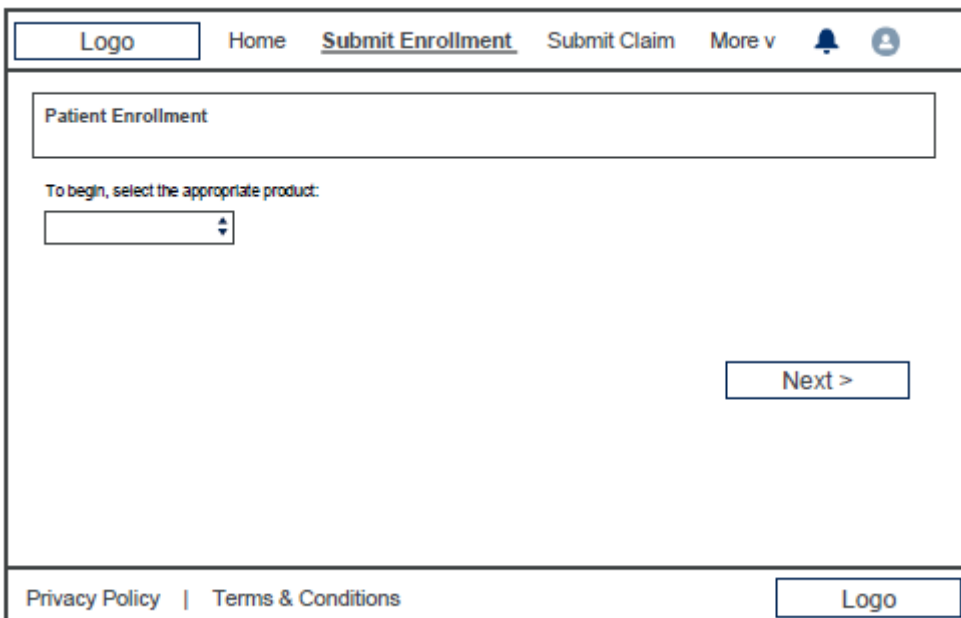


The screenshot shows the homepage of the system. At the top is a navigation bar with a 'Logo' button and links for Home, Submit Enrollment, Submit Claim, Verify Benefits, Submit PA, Secure Message, Resources, and Contact Us. Below the navigation bar is a section for '[Important Updates and Announcements]'. On the left side, there is a vertical menu with buttons for New Enrollment, Verify Benefits, Submit PA, Submit Claim, and Secure Message. To the right of this menu is a 'Search Cases' input field. Below the search field is a table with the following data:

Case Number	Case Type	Patient Name	Status	Outcome	Outcome Reason	Product Name
07548617	Intake	John Sample	Closed	Complete	-	CAMCEVI

At the bottom of the page, there are links for Privacy Policy and Terms & Conditions, and a 'Logo' button on the right.

- 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.



The screenshot shows the 'Patient Enrollment' form. At the top is a navigation bar with a 'Logo' button and links for Home, Submit Enrollment, Submit Claim, and More v. Below the navigation bar is a section for 'Patient Enrollment'. Inside this section, there is a text prompt: 'To begin, select the appropriate product:'. Below this prompt is a dropdown menu. At the bottom right of the form is a 'Next >' button. At the bottom of the page, there are links for Privacy Policy and Terms & Conditions, and a 'Logo' button on the right.

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

Logo

Home

Submit Enrollment

Submit Claim

More v

Patient Information

* First Name

* Last Name

* Date of Birth

* Gender

Home Phone Number

Language Preference

Mobile Number

Email Address

OK to Leave Message

Privacy Policy | Terms & Conditions

Logo

- **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.

Logo

Home

Submit Enrollment

Submit Claim

More v

Address Information

* Address 1

Address 2

* City

* State

* Zip

Privacy Policy | Terms & Conditions

Logo

Next >

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

- *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**”.

- **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*

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.

An Asterisk (*) indicates a required field.

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

The screenshot shows the 'Submit Enrollment' form with the 'Provider Information' section. The form includes a navigation bar with 'Logo', 'Home', 'Submit Enrollment' (active), 'Submit Claim', and 'More v'. The 'Provider Information' section contains the following fields:

- * Provider: A dropdown menu with '--None--' selected.
- NPI: A text input field.
- Tax ID: A text input field.
- PTAN (Provider Transaction Access Number): A text input field.
- Treating Site: A dropdown menu with '--None--' selected.
- * Treating Site: A dropdown menu with '--None--' selected.
- Address 1, Address 2, City: Text input fields.
- State, Zip Code, Phone: Text input fields.
- Fax Number: A text input field.

A 'Next >' button is located at the bottom right of the form. At the bottom of the page, there are links for 'Privacy Policy' and 'Terms & Conditions', and a 'Logo' button.

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).

The screenshot shows the 'Submit Enrollment' form with the 'Treatment Information' section. The form includes the same navigation bar as the previous screenshot. The 'Treatment Information' section contains the following fields:

- Primary Diagnosis: A text input field.
- Next Treatment Date: A text input field.
- Secondary Diagnosis: A text input field.

Below these fields is the 'Upload Supporting Documents' section. It includes a '* Category' dropdown menu with 'Available' and 'Chosen' options. The 'Available' list contains 'Claims', 'Prior Authorization', 'Benefit Verification', and 'Appeal'. The 'Chosen' list is empty. There are 'Upload files' and 'Or drop files' buttons. Below these buttons, there are instructions: '*Maximum size of 25MB per file', '*Supported file type: .doc, .docx, .tif, .tiff, .pdf', and '*File name cannot include periods(.), commas(,) or additional characters (~#%&[]+)*'. A '[Provider Consent Language]' link is also present. A 'Submit Enrollment' button is located at the bottom right of the form. At the bottom of the page, there are links for 'Privacy Policy' and 'Terms & Conditions', and a 'Logo' button.

- 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 files**” 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.



The screenshot shows a web application interface for submitting enrollment. A large, dark blue rounded rectangle overlay is centered on the page, containing the text "Your enrollment is being processed. Please do not close this window." and a white circular loading spinner. The background interface includes a top navigation bar with a "Logo" button, links for "Home", "Submit Enrollment" (which is underlined), "Submit Claim", and "More v", along with a bell icon and a user profile icon. The main content area is titled "Treatment Information" and contains several input fields: "Primary Diagnosis", "Secondary Diagnosis", "Next Treatment Date", "Upload Supporting", "* Category", and "Available". Below these is a section for "Claims" with sub-items "Prior Authorization", "Benefit Verification", and "Appeal". At the bottom of the form area, there is an "Upload files" button, a "Or" separator, and a "Submit Enrollment" button. A footer bar at the very bottom contains "Privacy Policy | Terms & Conditions" and another "Logo" button.

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 v](#)  

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](#)

v Details

Status: Closed

Outcome: Denied

Outcome Reason: [Denial Reason]



Created Date: 01/02/2024

Case Finalized Date: 01/02/2024

[Privacy Policy](#) | [Terms & Conditions](#) [Logo](#)

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 v](#)  

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](#)

v Details

Status: Closed

Outcome: Complete

Outcome Reason: -

Created Date: 01/02/2024

Case Finalized Date: 01/02/2024

[Privacy Policy](#) | [Terms & Conditions](#) [Logo](#)

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.

Logo

Home

Submit Enrollment

Submit Claim

More v

Thank you for submitting your patient's enrollment. A Galderma Team Member will review your enrollment and provide you with updates on your patient's insurance coverage for [Product Name].

Benefit Verification Case	Case Number
	12345678

Detail

Related

v Details

Status:

In Progress

Outcome:

Pending Benefit Verification

Outcome Reason:

-

Created Date:

01/02/2024

Case Finalized Date:

Privacy Policy

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Logo

4.2.4 Patient Eligible- Product Covered with No Authorization Required

- Case confirmation page will display.

Logo

Home

Submit Enrollment

Submit Claim

More v

Thank you for submitting your patient's enrollment. Your patient's insurance covers [Product Name]. Please see benefit details below. A Galderma Team Member will review your enrollment and provide you with updates on potential assistance that your patient may be eligible for.

Benefit Verification Case	Case Number
	12345678

Detail

Related

v Details

Status:

Closed

Outcome:

Complete

Outcome Reason:

-

Created Date:

01/02/2024

Case Finalized Date:

01/02/2024

Privacy Policy

Terms & Conditions

Logo

Logo

Home

Submit Enrollment

Submit Claim

More v

Detail

Related

v Details

v Coverage Details

Product Covered	[Covered]	Individual In-Network Deductible Limit	[\$]
On Formulary	[Yes]	Individual In-Network Deductible Applied	[\$]
Patient Pay Amount	[\$]	Individual In-Network Deductible Remaining	[\$]
Authorization	[No]	Individual Out-of-Network Deductible Applied	[\$]
Required	-	Individual Out-of-Network Deductible Limit	[\$]
Authorization Type	[\$]		
In Network Copay	[\$]		
Out of Network Copay	[Notes]		
Copay Notes			

EXAMPLE OF FIELDS



Privacy Policy

Terms & Conditions

Logo

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.

Logo Home Submit Enrollment Submit Claim More v  

Thank you for submitting your patient's enrollment. Your patient's insurance covers [Product Name] but requires a Prior Authorization. Please see benefit details below. [Click here](#) to initiate an electronic prior authorization.

Benefit Verification Case	Case Number
	12345678

Detail Related

v Details


Status: Closed



Outcome: Complete

Outcome Reason: -

Created Date: 01/02/2024

Case Finalized Date: 01/02/2024

Privacy Policy | Terms & Conditions 

Logo Home Submit Enrollment Submit Claim More v  


Detail Related

v Details

v Coverage Details



Product Covered	[Covered]	Individual In-Network Deductible Limit	[\$]
On Formulary	[Yes]	Individual In-Network Deductible Applied	[\$]
Patient Pay Amount	-	Individual In-Network Deductible Remaining	[\$]
Authorization	[Yes]	Individual Out-of-Network Deductible Applied	[\$]
Required	[Prior Auth]	Individual Out-of-Network Deductible Limit	[\$]
Authorization Type	-		
In Network Copay	-		
Out of Network Copay	[Notes]		
Copay Notes			

EXAMPLE OF FIELDS

Privacy Policy | Terms & Conditions 

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.

Logo Home Submit Enrollment Submit Claim More v  

Thank you for submitting your patient's enrollment. Your patient's insurance covers [Product Name] but requires a Prior Authorization. A Galderma Team Member will review your enrollment and provide you with information and documentation to assist with the prior authorization process.

Benefit Verification Case	Case Number
	12345678

Detail Related

v Details


Status: Closed



Outcome: Complete

Outcome Reason: -

Created Date: 01/02/2024

Case Finalized Date: 01/02/2024

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Logo Home Submit Enrollment Submit Claim More v  


Detail Related

v Details

v Coverage Details

Product Covered	[Covered]	Individual In-Network Deductible Limit	[\$]
On Formulary	[Yes]	Individual In-Network Deductible Applied	[\$]
Patient Pay Amount	-	Individual In-Network Deductible Remaining	[\$]
Authorization	[Yes]	Individual Out-of-Network Deductible Applied	[\$]
Required	[Prior Auth]	Individual Out-of-Network Deductible Limit	[\$]
Authorization Type	-		
In Network Copay	-		
Out of Network Copay	[Notes]		
Copay Notes			

EXAMPLE OF FIELDS

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

- Case confirmation page will display.

Logo

Home

Submit Enrollment

Submit Claim

More v

Thank you for submitting your patient's enrollment. Your patient's insurance does not cover [Product Name]. A Galderma Team Member will review your enrollment and provide you with updates on potential assistance that your patient may be eligible for.

Benefit Verification Case

Case Number
12345678

Detail

Related

v Details

Status:

Closed

Outcome:

Complete

Outcome Reason:

-

Created Date:

01/02/2024

Case Finalized Date:

01/02/2024

Privacy Policy

Terms & Conditions

Logo

Logo

Home

Submit Enrollment

Submit Claim

More v

Detail

Related

v Details

v Coverage Details

Product Covered

[Not Covered]

Individual In-Network Deductible Limit

[\$]

On Formulary

[No]

Individual In-Network Deductible Applied

[\$]

Patient Pay Amount

-

Individual In-Network Deductible Remaining

[\$]

Authorization

-

Individual Out-of-Network Deductible Applied

[\$]

Required

-

Individual Out-of-Network Deductible Limit

[\$]

Authorization Type

-

In Network Copay

-

Out of Network Copay

[Notes]

Copay Notes

EXAMPLE OF FIELDS

Privacy Policy

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Logo

4.3 Submitting an ePA

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

Logo

Home

Submit Enrollment

Submit Claim

More v

Thank you for submitting your patient's enrollment. Your patient's insurance covers [Product Name] but requires a Prior Authorization. Please see benefit details below. [Click here](#) to initiate an electronic prior authorization.

Benefit Verification Case

Case Number
12345678

Detail

Related

v Details

Status:

Closed

Outcome:

Complete

Outcome Reason:

-

Created Date:

01/02/2024

Case Finalized Date:

01/02/2024

Privacy Policy

Terms & Conditions

Logo

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

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

Prior Authorization

*Urgency: *Does your patient have advanced disease?

Medications Tried/Failed

Name/Strength: Start Date: End Date:

+ Add Additional Medications Tried/Failed

Additional Information

Privacy Policy | Terms & Conditions Logo

- *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 files**” 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**”.

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

Prior Authorization

Attachments

* Category

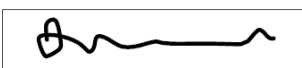
Available Chosen

Letter of Medical Necessity
Clinical Documentation

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 (~#%&()+)

HCP Electronic Signature

 HCP Name Signature Date

Submit

Privacy Policy | Terms & Conditions Logo

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

Logo

Home

Submit Enrollment

Submit Claim

More v

Thank you for submitting your patient's authorization request. Galderma will provide you with updates on your patient's insurance coverage for [Product Name].

Authorization Case	Case Number 12345678
--------------------	-------------------------

Detail

Related

v Details

Status:	In Progress	Authorization Type:	Prior Authorization
Outcome:	-	Authorization Status:	In Progress
Outcome Reason:	-	Approval Start Date:	-
Created Date:	01/02/2024	Approval End Date:	-
Case Finalized Date:			

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Logo

5. Benefit Verification

5.1 Submitting a Benefit Verification

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

Logo

Home

Submit Enrollment

Submit Claim

Verify Benefits

Submit PA

Secure Message

Resources

Contact Us

[Important Updates and Announcements]

New Enrollment

Verify Benefits

Submit PA

Submit Claim

Secure Message

Search Cases



Case Number	Case Type	Patient Name	Status	Outcome	Outcome Reason	Product Name
07548617	Intake	John Sample	Closed	Complete	-	CAMCEVI

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Logo

- 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 >

[Privacy Policy](#) | [Terms & Conditions](#)

Logo

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 v](#)



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].

[Privacy Policy](#) | [Terms & Conditions](#)

Logo

- 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 >

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*

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

An Asterisk (*) indicates a required field.

- 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.

Logo

Home

Submit Enrollment

Submit Claim

More v

We are unable to determine your patient's benefit information at this time. A Galderma Team Member will review your request updates on your patient's insurance coverage for [Product Name].

Benefit Verification Case

Case Number

12345678

Detail

Related

v Details

Status:

In Progress

Outcome:

Pending Benefit Verification

Outcome Reason:

-

Created Date:

01/02/2024

Case Finalized Date:

Privacy Policy | Terms & Conditions

Logo

5.2.2 BV- Product Covered with No Authorization Required

- Case confirmation page will display.

LogoHomeSubmit EnrollmentSubmit ClaimMore v

Your patient's insurance covers [Product Name]. Please see benefit details below.

Benefit Verification Case

Case Number
12345678

DetailRelated

v Details

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

Privacy Policy | Terms & Conditions

Logo

LogoHomeSubmit EnrollmentSubmit ClaimMore v

DetailRelated

v Details

v Coverage Details

Product Covered	[Covered]	Individual In-Network Deductible Limit	[\$]
On Formulary	[Yes]	Individual In-Network Deductible Applied	[\$]
Patient Pay Amount	[\$]	Individual In-Network Deductible Remaining	[\$]
Authorization	[No]	Individual Out-of-Network Deductible Applied	[\$]
Required	-	Individual Out-of-Network Deductible Limit	[\$]
Authorization Type	[\$]		
In Network Copay	[\$]		
Out of Network Copay	[Notes]		
Copay Notes			

Privacy Policy | Terms & Conditions

Logo

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.

LogoHomeSubmit EnrollmentSubmit ClaimMore v

Your patient's insurance covers [Product Name] but requires a Prior Authorization. Please see benefit details below.

Click here

 to initiate an electronic prior authorization.

Benefit Verification Case

Case Number
12345678

DetailRelated

v Details

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

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Logo

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.

Logo Home Submit Enrollment Submit Claim More v	
Your patient's insurance covers [Product Name] but requires a Prior Authorization. A Galderma Team Member will review your request and provide you with information and documentation to assist with the prior authorization process.	
Benefit Verification Case	Case Number 12345678
Detail Related	
v Details	
Status:	Closed
Outcome:	Complete
Outcome Reason:	-
Created Date:	01/02/2024
Case Finalized Date:	01/02/2024
Privacy Policy Terms & Conditions Logo	

Logo Home Submit Enrollment Submit Claim More v	
Detail Related	
v Details	
v Coverage Details	
Product Covered	[Covered] Individual In-Network Deductible Limit [\$]
On Formulary	[Yes] Individual In-Network Deductible Applied [\$]
Patient Pay Amount	- Individual In-Network Deductible Remaining [\$]
Authorization	[Yes] Individual Out-of-Network Deductible Applied [\$]
Required	[Prior Auth] Individual Out-of-Network Deductible Limit [\$]
Authorization Type	-
In Network Copay	-
Out of Network Copay	[Notes]
Copay Notes	
EXAMPLE OF FIELDS	
Privacy Policy Terms & Conditions Logo	

5.2.5 BV- Product Not Covered with No Authorization Option Available

- Case confirmation page will display.

Logo Home Submit Enrollment Submit Claim More v	
Thank you for submitting your request. Your patient's insurance does not cover [Product Name]. A Galderma Team Member will review your request and provide you with updates on potential assistance that your patient may be eligible for.	
Benefit Verification Case	Case Number 12345678
Detail Related	
v Details	
Status:	Closed
Outcome:	Complete
Outcome Reason:	-
Created Date:	01/02/2024
Case Finalized Date:	01/02/2024
Privacy Policy Terms & Conditions Logo	

Logo Home Submit Enrollment Submit Claim More v	
Detail Related	
v Details	
v Coverage Details	
Product Covered	[Not Covered] Individual In-Network Deductible Limit [\$]
On Formulary	[No] Individual In-Network Deductible Applied [\$]
Patient Pay Amount	- Individual In-Network Deductible Remaining [\$]
Authorization	- Individual Out-of-Network Deductible Applied [\$]
Required	- Individual Out-of-Network Deductible Limit [\$]
Authorization Type	-
In Network Copay	-
Out of Network Copay	[Notes]
Copay Notes	
EXAMPLE OF FIELDS	
Privacy Policy Terms & Conditions Logo	

6. Prior Authorization

6.1 Submitting a Prior Authorization

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

The screenshot shows the homepage of the Galderma HCP portal. The navigation bar at the top includes links for Home, Submit Enrollment, Submit Claim, Verify Benefits, Submit PA, Secure Message, Resources, and Contact Us. A bell icon and a user profile icon are also present. Below the navigation bar is a section for [Important Updates and Announcements]. On the left side, there are five buttons: New Enrollment, Verify Benefits, Submit PA (highlighted with a red box), Submit Claim, and Secure Message. To the right of these buttons is a 'Search Cases' section with a search bar and a table of cases. The table has columns for Case Number, Case Type, Patient Name, Status, Outcome, Outcome Reason, and Product Name. The first row of data shows Case Number 07548617, Case Type Intake, Patient Name John Sample, Status Closed, Outcome Complete, Outcome Reason -, and Product Name CAMCEVI. At the bottom of the page, there are links for Privacy Policy and Terms & Conditions, and a logo on the right.

Case Number	Case Type	Patient Name	Status	Outcome	Outcome Reason	Product Name
07548617	Intake	John Sample	Closed	Complete	-	CAMCEVI

- 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.*

The screenshot shows the 'Submit PA' form. The navigation bar at the top includes links for Home, Submit Enrollment, Submit Claim, Verify Benefits, Submit PA, Secure Message, Resources, and Contact Us. A bell icon and a user profile icon are also present. Below the navigation bar is a section for [Important Updates and Announcements]. The form has two dropdown menus: 'Select Patient:' with 'John Doe' selected, and 'Select Insurance:' with an empty dropdown. Below the 'Select Insurance:' dropdown is a checkbox labeled 'My patient’s insurance has changed'. At the bottom right of the form is a 'Next >' button. At the bottom of the page, there are links for Privacy Policy and Terms & Conditions, and a logo on the right.

Select Patient:
John Doe

If your patient is not found, you will need to [Submit a New Enrollment](#) in order to initiate a Prior Authorization.

Select Insurance:
[Empty Dropdown]

☐ My patient’s insurance has changed

Next >

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

The screenshot shows a web application interface. At the top is a navigation bar with a 'Logo' button, links for 'Home', 'Submit Enrollment', 'Submit Claim', and 'More v', along with a notification bell icon and a user profile icon. The main content area has a 'Select Patient:' dropdown menu with 'John Doe' selected. Below it is a 'Select Insurance:' dropdown menu. A checkbox labeled 'My patient's insurance has changed' is present. A message box states: 'Your patient already has a Prior Authorization in progress or has recently completed a Prior Authorization. A reauthorization may be requested on [Reauthorization Date].'. At the bottom, there are links for 'Privacy Policy' and 'Terms & Conditions', and a 'Logo' button on the right.

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

The screenshot shows a web application interface for adding insurance information. The navigation bar is identical to the previous screenshot. The main content area contains two columns of form fields. The left column includes: '*Insurance Type:', 'Other Payer (Payer not listed?):', 'Plan Type:', 'Plan Name:', '*ID / Policy No.:', and 'Patient Relationship to Cardholder:'. The right column includes: '*Search Payer Account:', '*Plan Primacy:', 'Subplan Type:', 'Phone:', 'Group No:', and 'Cardholder Name:'. A 'Next >' button is located at the bottom right of the form area. The footer contains 'Privacy Policy' and 'Terms & Conditions' links, and a 'Logo' button on the right.

- **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*

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

An Asterisk (*) indicates a required field.

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

Logo Home Submit Enrollment Submit Claim More v

Prior Authorization

*Urgency: *Does your patient have advanced disease?

Medications Tried/Failed

Name/Strength: Start Date: End Date:

+ Add Additional Medications Tried/Failed

Additional Information

Privacy Policy | Terms & Conditions Logo

- **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 files**” 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**”.

Logo Home Submit Enrollment Submit Claim More v

Prior Authorization

Attachments

* Category

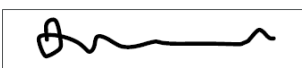
Available Chosen

Letter of Medical Necessity
Clinical Documentation

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 (~#%&()+)

HCP Electronic Signature

 HCP Name Signature Date

Submit

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

Logo
Home
Submit Enrollment
Submit Claim
More v

Thank you for submitting your patient's authorization request. Galderma will provide you with updates on your patient's insurance coverage for [Product Name].

Authorization Case	Case Number 12345678
--------------------	-------------------------

[Detail](#) [Related](#)

v Details

Status:	In Progress	Authorization Type:	Prior Authorization
Outcome:	-	Authorization Status:	In Progress
Outcome Reason:	-	Approval Start Date:	-
Created Date:	01/02/2024	Approval End Date:	-
Case Finalized Date:			

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Logo

7. Claims

7.1 Submitting a Claim

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

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

[Important Updates and Announcements]

New Enrollment
Verify Benefits
Submit PA
Submit Claim
Secure Message

Search Cases

Case Number	Case Type	Patient Name	Status	Outcome	Outcome Reason	Product Name
07548617	Intake	John Sample	Closed	Complete	-	CAMCEVI

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Logo

- 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-111111111	John Sample	01/27/1990	01/03/24	01/09/24	Enrolled	View
PAT-111111112	John Smith	02/10/2002	01/08/24	01/10/24	Enrolled	

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Logo

- 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	-	-	01/11/24	
2454352	Claim	Closed	Complete	-	01/10/24	

Add New Claim

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Logo

- 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 files**” 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

Chosen

Claim Documentation
EOB
Other

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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Logo

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

Logo

[Home](#)
[Submit Enrollment](#)
[Submit Claim](#)
[More v](#)



Claim

Claim Number

12345678

[Detail](#)
[Related](#)

v Details

Status:

Open

Outcome:

-

Outcome Reason:

-

Created Date:

01/02/2024

Case Finalized Date:

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Logo

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**.

Logo

[Home](#)
[Submit Enrollment](#)
[Submit Claim](#)
[Verify Benefits](#)
[Submit PA](#)
[Secure Message](#)
[Resources](#)
[Contact Us](#)



[Important Updates and Announcements]

New Enrollment

Verify Benefits

Submit PA

Submit Claim

Secure Message

Search Cases

Case Number	Case Type	Patient Name	Status	Outcome	Outcome Reason	Product Name
07548617	Intake	John Sample	Closed	Complete	-	CAMCEVI

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Logo

- 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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Logo

- 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

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Number of records: 13

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Last ▶

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Logo

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

Logo	Home	Submit Enrollment	<u>Secure Message</u>	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]