



# Case Management Portal User Guide

**Connect with a Case Manager!** We need some quick details so we can match you with the right Case Manager.

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**The intake process consist of 6 sections:**

- Patient Contact Information (email and phone number required)
- Authorized Point of Contact Information (if applicable)
- Patient Demographic Details (Date of Birth, Gender, Ethnicity, Martial Status, Household Size)
- Patient Diagnosis and Status of Treatment
- Health Insurance Information (Insured or Uninsured)
- How we can help the patient – Select Help Requested and Provide Additional Written Details

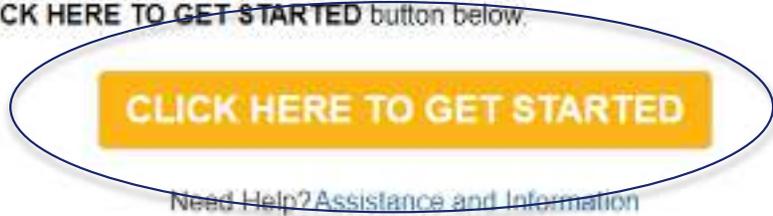
# CREATE A NEW REQUEST FOR HELP

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Welcome to the Patient Advocate Foundation's Case Management Portal  
**Connect with a Case Manager!**

We need some quick details about you so we can match you with the right Case Manager.  
To get started, click the **CLICK HERE TO GET STARTED** button below.



[Need Help? Assistance and Information](#)



## NEW PATIENT REQUEST FOR CASE MANAGEMENT HELP

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- Tell Us About Yourself – Complete this form based on “who” the case manager **should contact** about the request for help.
- Identify the relationship to the patient –if the contact is the patient’s enter “self”; If the person requesting contact is not the patient select the most appropriate designation from the drop-down list. (Examples: Parent, Caregiver, Spouse, Case Worker, etc.)
- For patients identified as “self” enter your contact information ( full name, address, phone number and/or email) identified “relationship”
- If the relationship to the patient is not “self” you will be prompted to enter the patient’s contact information as well on the next page ( full name, address, phone number and/or email)

**ENTER WHO THE PAF CASE MANAGER SHOULD CONTACT → SELECT “SELF” IF YOU ARE THE PATIENT IN THE *RELATIONSHIP TO PATIENT BOX*. ALL OTHERS THE APPROPRIATE DESIGNATION → *SELECT CONTINUE***



**Tell us about Yourself**

\*What is your relationship with the patient?

**Your Name**

Salutation

\*First Name

Middle Name

\*Last Name

Suffix

**Your Address**

Address Type

Street

Apartment Number / Unit

County

City

State

Zip Code

**Your Preferred Contact Method**

Phone Number or First Address (it required so we can reach with you)

Primary Phone Number

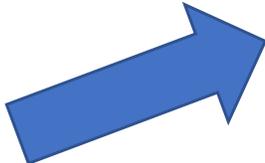
Phone Type

Primary Email Address

Email Type

**GO BACK**

**CONTINUE**



# THIS PAGE WILL ONLY APPEAR IF THE ENTRY PRIOR WAS NOT THE *PATIENT* → COMPLETE PATIENT INFORMATION → SELECT CONTINUE

Progress bar with 6 steps: 1. Caller Information (active), 2. Patient Information, 3. Patient Demographics, 4. Diagnosis, 5. How Can We Help?, 6. Review.

## Tell us about **The Patient**

### Patient's Name

Relationship:

\* First Name:  Middle Name:  \* Last Name:

Suffix:

### Patient's Address

Address Type:

Street:  Apartment Number / Unit:  County:

City:  State:  Zip Code:

### Patient's Preferred Contact Method

Phone Number or Email Address is required in case we need to reach out to the Patient

Primary Phone Number:  Phone Type:

Primary Email Address:  Email Type:

GO BACK

CONTINUE



# ENTER *PATIENT* DETAILS → SELECT CONTINUE

- Date of Birth
- Gender
- Ethnicity
- Martial Status
- Employment Status
- Number in the Household

\*Not mandatory if unknown



Progress bar with steps: Caller Information, Patient Information, Patient Demographics (active), Diagnosis, How Can We Help?, Review.

## Tell us a little more about **The Patient**

### Patient's Demographics

Date of Birth	Gender	Ethnicity
<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status	Employment Status	Number in Household
<input type="text"/>	<input type="text"/>	<input type="text"/>

GO BACK

CONTINUE



# ENTER THE *PATIENT* DIAGNOSIS DETAILS ASSOCIATED TO THE REQUEST FOR HELP → SELECT CONTINUE

- **Diagnosis** – Type in the name of diagnosis and select appropriate name from the drop down. Be as specific as possible. Example: Triple Negative Breast Cancer vs Breast Cancer
- **Select Stage/Grade** if appropriate to the diagnosis ; maybe inapplicable
- **Select Treatment Status** ( active treatment, newly diagnosed, etc.)
- When finished, click **Add Diagnosis**
- Follow these steps to enter up to (2) two diagnoses. Additional diagnosis can be hared with your case manager
- Select **Continue**

The screenshot shows a progress bar at the top with five steps: Caller Information, Patient Information, Patient Demographics, Diagnosis (current step), How Can We Help?, and Review. Below the progress bar is the heading "Tell us about The Patient's Diagnosis". A small disclaimer is present. The form has three main input fields: "Diagnosis" with a search icon, "Stage or Grade" with a dropdown arrow, and "Treatment Status" with a dropdown arrow. To the right of these fields is a yellow "ADD DIAGNOSIS" button. Below the form is a table with columns for "Diagnosis", "Stage/Grade", and "Treatment Status". The first row contains "Esophageal Cancer". Below the table is a question: "What is the Patient's current treatment status?" with a dropdown menu set to "Active Treatment". At the bottom left is a yellow "GO BACK" button, and at the bottom right is a yellow "CONTINUE" button. A blue arrow points from the "CONTINUE" button towards the bottom right corner of the page.

Once you select the diagnosis, stage and treatment status click "add diagnosis"

# DROP DOWN ISSUE LIST DEFINED

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**Select** the most appropriate issue from the drop-down box. Add **details** in the free text box offered. Click **Add Issue** before selecting another. You may add up to 2.

## 1. Eligibility and Enrollment

- Help with screening for and applying for Disability or Health Insurance
  - Select the type of health insurance, disability or identify as uninsured seeking health insurance

## 2. Fertility Preservation

- Help with insurance coverage or resources for fertility pre/post treatment

## 3. Financial Cost of Living

- Help finding solutions or financial aid for daily cost of living expenses
  - Select Burial/Funeral, Housing, Nutrition/Wellness (Food), Transportation or Utility Assistance

## 4. Financial Medical Bills

- Help find solutions or financial assistance towards unpaid medical bills/share of cost responsibilities.
  - Select Co-Insurance, Co-Pay, Deductible, Premium or Uninsured

## 5. Insurance Navigation Services

- Help answer questions on benefits and address health insurance disputes like insurance denials or billing concerns, review of health insurance benefits for coverage, networks, second opinions or clinical trials.
  - Select Clinical Trial, Coding and Billing, Medical Claim Denied, Network Benefit Verification, Pharmaceutical Claim Denied, or Prior Authorization

## 6. Psychosocial Support

- Help finding support programs or understanding your health insurance coverage for benefits.

# SELECT THE REQUEST FOR HELP → IF THE PATIENT HAS INSURANCE OR NOT → SELECT CONTINUE

- A drop-down selection will present for selection. *Referenced in prior slide.*
- Select one then click **Add Issue**.
- Add more details on the issue in the free text box titled “Issue Details.”
- Follow these steps to enter up to (2) two issues. Additional support needs can be shared with your case manager
- Answer Yes or No to “Does the patient have health insurance?”
- Select Continue.

The screenshot shows a multi-step form titled "How Can We Help?". The progress bar at the top indicates the current step is "How Can We Help?". The form includes a search bar for "Issue Selector" and a large text area for "Issue Details". A red circle highlights the "ADD ISSUE" button, with a red arrow pointing to it from a text box that says "Once you select the issue click 'Add Issue'". Below the "Issue Details" section, there is a "Disability" section with a dropdown menu for "Does the patient have health insurance?". At the bottom left is a "GO BACK" button, and at the bottom right is a "CONTINUE" button, which is circled in blue. A large blue arrow points from the "CONTINUE" button towards the right side of the slide.

# YOU ARE ALMOST DONE!

Please Review for Accuracy and Click **Submit Case** to complete referral to PAF Case Management.

The screenshot shows a web form titled "Review and Submit" with a progress bar at the top. The progress bar has six steps: 1. Initial Intake, 2. Patient Information, 3. Medical Information, 4. Insurance, 5. How Can We Help?, and 6. Review. The current step is "Review and Submit".

The form is divided into several sections:

- Patient Information:** Includes fields for Name (Last, First, Middle, Initial), Address (Street, City, State, Zip, Country), and Insurance (Type, Plan, Group, Employer).
- Medical Information:** Includes fields for Name (Last, First, Middle, Initial), Address (Street, City, State, Zip, Country), and Insurance (Type, Plan, Group, Employer).
- Insurance Information:** Includes fields for Insurance Type, Plan, Group, and Employer.
- Demographics:** Includes fields for Gender, Age, and Ethnicity.
- How Can We Help?:** Includes a dropdown menu for "How Can We Help?" and a "GO BACK" button.

A yellow box highlights the "Submit Case" button at the bottom right, with a blue arrow pointing to it. A text box above the button says "Important: Select 'Submit Case'".

## REQUEST SUBMITTED → CONFIRMATION SCREEN

A Case Created Successfully and Reference ID will be shared verifying submission.

The screenshot shows the Patient Advocate Foundation (PAF) website's case submission confirmation screen. At the top left is the PAF logo with the tagline "Solving Healthcare and Healthcare Access Issues | since 1976". A green notification banner at the top right states "Case Created Successfully" with a checkmark and a close button. Below this is a progress bar with four steps: "Collect Information", "Patient Information", "Patient Demographics", and "Diagnosis". The "Collect Information" step is highlighted, and the text "Your Case Has Been Submitted" and "Your Reference Case ID Number is 00083134" is displayed below it. A yellow button labeled "CLICK HERE TO SUBMIT ANOTHER CASE" is positioned to the right. At the bottom, there is a paragraph of text describing the PAF Case Management program and a small PAF logo.

**PAF Patient Advocate Foundation**  
Solving Healthcare and Healthcare Access Issues | since 1976

Case Created Successfully

Collect Information Patient Information Patient Demographics Diagnosis

**Your Case Has Been Submitted**  
Your Reference Case ID Number is 00083134

[CLICK HERE TO SUBMIT ANOTHER CASE](#)

Patient Advocate Foundation's (PAF) Case Management program provides one-on-one assistance with a professional case manager to help qualified patients, their families, and caregivers resolve financial, job-related, and healthcare access issues that may be the result of a patient's chronic, debilitating, or life-threatening diagnosis.

**PAF Patient Advocate Foundation**

## THANK YOU FOR YOUR REQUEST. YOUR SUBMISSION COMPLETE. WHAT HAPPENS NEXT ?

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- A welcome email will be sent confirming receipt and will identify your case manager.
- PAF case manager will follow up via email and/or phone within 48-72 business hours to all modes of contact shared.
  - Office Hours: Monday-Friday 8:30 a.m.- 5:00 p.m. Eastern Time.
- Your case manager will reach out a minimum of 3 separate times if unable to connect. Please alert us should you have preferred dates and times or times we should avoid.
- Should your issue be urgent need, or you have an existing case you require additional assistance, call 1-800-532-5274, select case management prompt. Share any updates so our staff can update your case with any new or critical details.
- **NOTE:**
  - Caller ID will likely show “800-532-5274” “PATIENT ADVO” or a variation of it.
  - Emails will come from [casemanagement@patientadvocate.org](mailto:casemanagement@patientadvocate.org).