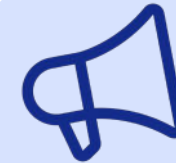


# Submitting and managing claims

# TotalAssist Claim Guide

The screenshot shows the TotalAssist web portal interface. At the top, there is a purple header with the Patient Advocate Foundation TotalAssist logo on the left, the email address @patientadvocate.org in the center, and a Logout button on the right. Below the header is a navigation bar with links for Dashboard, Applications, Claims, and Patient Search. The main content area displays 'APPLICATION REF: APPTAA20263840027' and 'Breast Cancer'. A green banner with a checkmark icon and the text '✓ CONGRATULATIONS Your Application has been approved' is prominent. Below this, a message reads: 'Congratulations! Your application has been approved. All patients' diagnosis must be confirmed by their treating provider to be eligible for assistance. The patient's treating provider must sign and submit the diagnosis verification form within 30 days, or the grant will be rescinded.' A section titled 'Patients and caregivers:' states: 'A diagnosis verification form has been faxed to the treating provider listed on the application. Please follow up with your treating provider to ensure the form is completed and submitted before the deadline.' A white box contains the following information: Patient Name: GAYLE HUGHES, Eligibility Period: 12/06/2025 - 06/04/2027, Card Holder: 1000316006, BIN: 610020, PCN: PXXPDMI, Group: 99999999. It also provides contact information: 'For pharmacy inquiries contact PDMI at 855-552-0274.' and 'For patient inquiries contact PAF at 866-512-3861.' A sidebar on the left lists various menu items like Award Info, Patient Info, Authorized Person, Insurance Details, Physician/Diagnosis, Upload Documents, Correspondence, Claims, and Application Status / Pharmacy Card. At the bottom of the main content area, there is a link for 'TotalAssist Claim Guide' which is highlighted with a purple callout bubble.



**Don't forget!** You can always view the full **TotalAssist Claim Guide** right from the 'Application Status/Pharmacy Card' section of your patient's application.

**TotalAssist Claim Guide**

# Submitting a claim

1

## Claim information

- Select who the claim is payable to
- Add relevant date(s) of service and the claim amount
- Search for the treating facility or service provider

2

## Payable to

- Select and confirm the correct address for the claim

3

## Documents

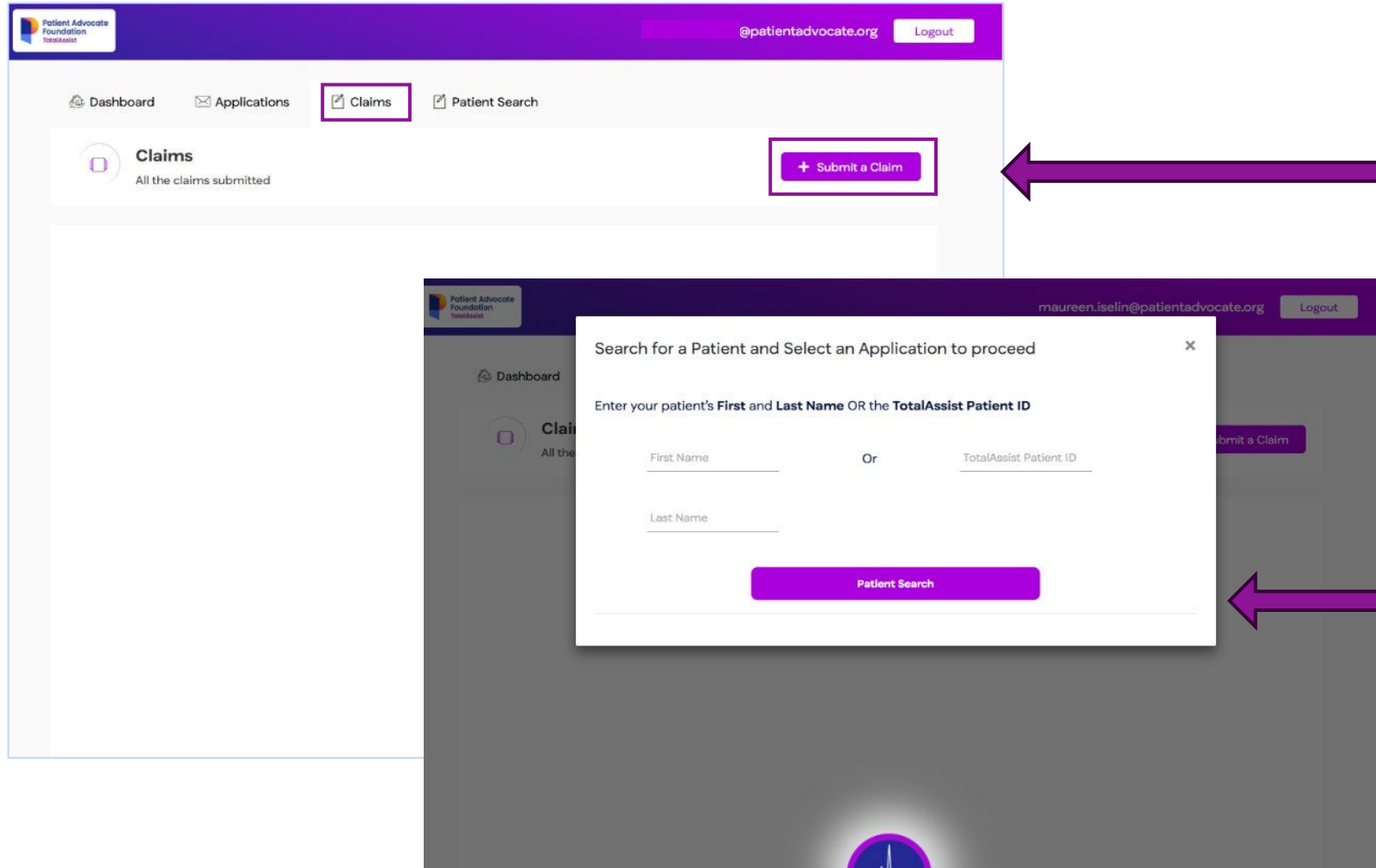
- For a full list of required documents for each claim type, see the **TotalAssist Claim Guide**.

4

## Signature

- Read and review the attestation
- Complete the E-signature and submit

# Submitting a claim – from the ‘Claims’ tab



There are two ways to start a claim submission. First, you can:

1. Go to the **‘Claims’** tab and click **‘+ Submit a Claim’** in the upper right corner.

2. A patient search pop up box will appear. Enter the required information and click **‘Patient search’** to find your patient’s application.

*Patient data is fictional.*

# Submitting a claim – from the ‘Applications’ tab

The second way to start a claim submission:

1. Go to the **‘Applications’** tab, find your patient, then click **‘View application details’**.

2. Click **‘Claims’** in the lefthand menu.

3. Click the **‘+ Submit a Claim’** button in the upper right corner to begin your claim.

*Patient data is fictional.*

# Step 1. Claim information

CLAIM SUBMISSION

Gayle Hughes | APPTAA20263840027

1 CLAIM INFO 2 PAYABLE TO 3 DOCUMENTS 4 SIGNATURE

Please enter the following information to submit a claim

Total Claim Amount : \$0

Payable To

NEXT

Using the dropdown menu, select who the claim is payable to:

- Patient/Guardian
- Provider
- Insurance
- Other

*Patient data is fictional.*

# Step 1. Claim information – continued

Dashboard Applications Claims Patient Search

CREATE CLAIM Cancel

CLAIM SUBMISSION

Gayle Hughes | APPTAA20263840027

1 CLAIM INFO 2 PAYABLE TO 3 DOCUMENTS 4 SIGNATURE

Please enter the following information to submit a claim

Total Claim Amount : \$0

Payable To  
Provider

Search for Facility/Provider/Insurance	Dates Of Service	Amount
	Start Date - End Date	

ADD MORE DATES OF SERVICE

NEXT

Add the relevant date(s) of service and the claim amount.

Then click the field **'Search for Facility/Provider/Insurance'**.

# Step 1. Claim information – continued

CLAIM SUBMISSION

Gayle Hughes | APPTAA20263840027

1 CLAIM INFO 2 PAYABLE TO 3 DOCUMENTS 4 SIGNATURE

Please enter the following information to submit a claim

Total Claim Amount : \$256.47

Payable To: Provider

Search for Facility/Provider/Insurance: ANN BARBER

Dates Of Service: 04/15/2026 - 04/15/2026 x

Amount: 256.47

ADD MORE DATES OF SERVICE

Search

Please enter NPI Number or State and City to search for your treatment facility or service provider.  
Enter additional information to improve your search results.  
Press the Tab Key to start your search.

NPI Number	State: Pennsylvania	City: Hershey
Facility Name	First Name	Last Name
ZIP Code		

Select Your Treatment Facility or Service Provider

The following match your search criteria. Please select your treatment facility or service provider from the list below by clicking on the appropriate selection. Once you have made your selection, it will be highlighted in blue. If you need to make a change to your selection, simply click on the correct treatment facility or service provider. If you do not see your treatment facility or service provider on the list below, [click here to add](#)

Facility Name	First Name	Last Name	City	Address	NPI
ANN BARBER	ANN	BARBER	HERSHEY	100 CANDY LN	12345678
HERSHEY HOSPITAL			HERSHEY	5 MAIN ST	90123456
HERSHEY URGENT CARE			HERSHEY	678 CIRCLE ST	78901234

Search for the treating facility or service provider by entering information into one or more fields in the blue box.

A list of facilities and providers matching the criteria you entered will display below. Click on a name to select, then click 'Next'.

Patient and provider data is fictional.

# Step 2. Payable to

Patient Advocate Foundation TotalAssist | @patientadvocate.org | Logout

Dashboard Applications Claims Patient Search

CREATE CLAIM Cancel

### CLAIM SUBMISSION

Gayle Hughes | APPTAA20263840027

1 CLAIM INFO 2 PAYABLE TO 3 DOCUMENTS 4 SIGNATURE

Payable to

**Provider**

Provider Address  
Physical (100 MAIN ST) ▾

Facility Name: ANN BARBER | Address Line 1: 100 MAIN ST | Address Line 2: | City: HERSHEY | State: Pennsylvania | ZIP Code: 17033

PREVIOUS NEXT

Use the dropdown to select and confirm the correct address, then click **'Next'**.

*Patient and provider data is fictional.*

# Step 3. Documents

Dashboard Applications Claims Patient Search

CREATE CLAIM Cancel

CLAIM SUBMISSION

Gayle Hughes | APPTAA20263840027

1 CLAIM INFO 2 PAYABLE TO 3 DOCUMENTS 4 SIGNATURE

Please upload supporting documentation

To ensure your document is uploaded successfully, please ensure the file name is unique and does not contain any special characters.  
Example of correct format: John Doe Income 1.1.25

Drag 'n' drop some files here, or click to select files

\* Maximum File Size is 10MB Per File. Attachments Cannot Exceed 15MB Total. Acceptable File Formats: PDF, JPEG, JPG, PNG, HEIF

17 KB  
Testing - clai...

PREVIOUS NEXT

**Tip:** For a full list of required documents for each claim type, see the **TotalAssist Claim Guide**.

To upload documents, you can drag and drop into the outlined box or click to select files from your computer.

Successfully uploaded documents will display here. Once complete, click **'Next'**.

*Patient data is fictional.*

# Step 4: Signature

Patient Advocate Foundation TotalAssist

@patientadvocate.org Logout

Dashboard Applications Claims Patient Search

CREATE CLAIM Cancel

CLAIM SUBMISSION

Gayle Hughes | APPTAA20263840027

1 CLAIM INFO 2 PAYABLE TO 3 DOCUMENTS 4 SIGNATURE

I attest that the information supplied is complete, accurate and supported in the patient's medical records. I understand this information is for the sole use of the Patient Advocate Foundation TotalAssist Program, its representatives, and/or agents selected in order to assess the patient's eligibility for participation in the program. I understand that the assistance is temporary, and the patient may be asked to reapply at designated intervals.

Electronic Signature:

I hereby certify that the foregoing statements, including any accompanying statements and/or documents submitted are true, complete and accurate to the best of my knowledge. Please enter a value in the field below that represents you signing this document.

E-Signature (Your Name)

PREVIOUS SIGN AND SUBMIT

**Read and review the attestation.**

Type your name into the **'E-Signature'** field to add your signature to the claim, then click **'Sign and submit'**.

*Patient data is fictional.*

# Claim submission complete

The screenshot displays the Patient Advocate Foundation TotalAssist dashboard. At the top, there is a purple navigation bar with the logo on the left, the email address '@patientadvocate.org', and a 'Logout' button. A green notification box in the top right corner, titled 'Claim created Successfully', is highlighted with a red box and a red arrow. Below the navigation bar, there are menu items for 'Dashboard', 'Applications', 'Claims', and 'Patient Search'. The main content area is titled 'Provider Dashboard' and includes sections for 'Recent Activities' and 'Actions Required'. The 'Recent Activities' section lists three items for GAYLE HUGHES and JANE SMITH. The 'Actions Required' section contains a table with one row for JANE SMITH and a 'View All >>' button. A blue circular icon with a person silhouette is located on the right side of the dashboard.

Ref	Patient	Actions
Awaiting Income Verification	JANE SMITH	Complete Action

After submitting your claim, you will be taken to the main dashboard and receive an on-screen pop-up notification.

The notification will be green if the claim was submitted successfully.

*Patient data is fictional.*

# Reviewing details of submitted claims

Dashboard Applications **Claims** Patient Search

Claims  
All the claims submitted [+ Submit a Claim](#)

Show 5 rows entries

POE ID	Check No	Patient Name	Submission ...	Amount Sub...	Paid Amount	Status	Action
P-1143015		JUANITA RIV...	06/05/2026	\$0.00	\$0.00	DENIED	
P-1143014	60392	JUANITA RIV...	06/05/2026	\$1985.57	\$1985.57	PENDING	
P-1141016	60382	GAYLE HUG...	06/04/2026	\$256.47	\$256.47	PENDING	<a href="#">View Claim</a>
P-1141015	60383	GAYLE HUG...	06/04/2026	\$1289.22	\$1289.22	PENDING	

Showing 1 to 4 of 4 entries [Previous](#) Page 1 of 1 [Next](#)

To review details of submitted claims, navigate to the **'Claims'** tab.

All claims connected to your NPI will be listed.

To view full details of a claim, click the eye icon under the **'Action'** column.

*Patient data is fictional.*

# Full claim details

Click on the lefthand menu to view additional items, including denial reasons (if denied), who the claim is payable to, and any attached claims documents you submitted.



The screenshot displays the 'CLAIMS DETAILS' page in the Patient Advocate Foundation TotalAssist system. The header includes the logo, '@patientadvocate.org', and a 'Logout' button. A navigation bar contains 'Dashboard', 'Applications', 'Claims', and 'Patient Search'. The main content area shows the following information:

Patient Name:	Application Ref:	Claim ID:	Status:
GAYLE HUGHES	APP1AA20263840003	P-1143007	Pending

Below this, there is a 'CLAIMS INFO' section with a left-hand menu containing 'Denial Reasons', 'Payable To', and 'Attachments'. The 'Denial Reasons' item is highlighted with a purple box. The main 'CLAIMS INFO' area displays:

Provider :	Service From :	Check No :	Date Paid :
ANN BARBER	06/04/2026	--	--
Submitted Amount :	Service To :		
\$256.47	06/04/2026		

At the bottom, two summary boxes are shown:

- Total Submitted Amount: \$256.47
- Total Amount Paid: \$ 0.00

*Patient data is fictional.*