

Applying for a TotalAssist grant for your patient

Applying for a TotalAssist grant for your patient

1

Pre-screen

Making sure patient meets requirements for fund

2

Patient information

Demographic information, applicant information

3

Authorized person(s)

Approved persons to speak about grant (if applicable)



You will find out instantly if your patient has been approved, in most cases. If approved, your patient can begin using their TotalAssist grant right away.

4

Insurance

Medical insurance details

5

Medical

Treating provider and diagnosis verification

6

Authorization

Terms and conditions, attestation



Starting the application

The screenshot displays the Patient Advocate Foundation TotalAssist web application interface. At the top, a dark blue header contains the logo on the left and a 'Logout' button on the right. Below the header, a navigation bar features four tabs: 'Dashboard', 'Applications' (highlighted with a red box), 'Claims', and 'Patient Search'. The main content area is titled 'Applications' with a subtitle 'List of all applications in your account'. A red box highlights the '+ Create Application' button, and a red arrow points from a text box to this button. To the right of the button is a 'Search and Filter' button. On the right side of the page, there is a vertical sidebar with a user profile icon and a 'Let's Chat' button. A circular icon with a heart rate line is visible at the bottom center of the main content area.

Select the **'Applications'** tab, then click the **'+ Create application'** button to begin.

Search for a patient (then connect to your account, if needed)

Let's Search for a Patient

Enter your patient's **First and Last Name** OR the **TotalAssist Patient ID**

First Name
Gayle

Or

Last Name
Hughes

TotalAssist Patient ID

Patient Search



Let's Connect a Patient to Your Account

You do not currently have access to this patient account but we can help with that. Provide us with the information below and we will be able to link this patient account to your account.

- Patient's First and Last Name
- Patient's Date of Birth
- TotalAssist Patient ID **OR** Patients SSN **OR** Alien Identification Number (AIN)

(Note: We only need you to provide one of these numbers)

First Name
Gayle

Last Name
Hughes

DOB (MMDDYYYY)
05/13/1953

TotalAssist Patient ID

Patient SSN
698-42-1537

Alien Number

Patient Search

A patient search is required prior to starting every application so duplicate patient records aren't accidentally created.

Patient data is fictional.

1. Begin Pre-Screen

Patient Advocate Foundation
TotalAssist

Logout

Dashboard Applications Claims Patient Search

CREATE APPLICATION Cancel

TOTALASSIST PROGRAM APPLICATION
Gayle Hughes | xxx-xx-1537 | 05/13/1953

PRE SCREEN

Address Line 1
246 Myrtle Dr

Address Line 2

City
Fairhope

State
Alabama

ZIP Code
36532

Please ensure that you have entered a valid address. We are unable to verify the address entered; however, if the address you provided is correct, please proceed.

VERIFY ADDRESS

Patient's Diagnosis

Let's Chat

Enter the patient's physical address, then click '**Verify address**'.

The system will attempt to match the address with all known postal addresses. If unable to verify (as shown), please check for errors, then proceed if correct.

Patient data is fictional.

1. Pre-screen – continued

Logout

Dashboard

Applications

Claims

Patient Search

CREATE APPLICATION

Cancel

TOTALASSIST PROGRAM APPLICATION

Gayle Hughes | xxx-xx-1537 | 05/13/1953

PRE SCREEN

Address Line 1

400 Myrtle St

Address Line 2

City

Fairhope

State

Alabama

ZIP Code

36532

Address Verified.

VERIFY ADDRESS

Patient's Diagnosis

Patient data is fictional.

1. Pre-screen – continued

 CREATE APPLICATION Cancel

TOTALASSIST PROGRAM APPLICATION

Gayle Hughes | xxx-xx-1537 | 05/13/1953

PRE SCREEN

Address Line 1

400 Myrtle St

Address Line 2

City

Fairhope

State

Alabama

ZIP Code

36532

Address Verified.

VERIFY ADDRESS

Patient's Diagnosis

Breast Cancer

Does the patient have medical and/or prescription insurance

Yes

Insurance Type

Medicare

Fund Applying For

Breast Cancer




Select the patient's diagnosis from the drop down.

Answer insurance questions.

Select the TotalAssist fund you are applying for, then click **'Next'**.

Patient data is fictional.

1. Pre-screen – continued

Gayle Hughes | xxx-xx-1537 | 05/13/1953

Please ensure the address entered matches the address you have on file for the patient, then hit confirm. ×

Patient Name Gayle Hughes

Address 400 Myrtle St,
Fairhope, AL, 36532

CONTINUE EDITING **CONFIRM**

Patient's Diagnosis
Breast Cancer

Does the patient have medical and/or prescription insurance Yes

Insurance Type
Medicare

Fund Applying For
Breast Cancer

Next

Let's Chat

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'Confirm' or 'Continue editing' the patient's address before proceeding.

Patient data is fictional.

1. Pre-screen – continued

 CREATE APPLICATION

Cancel

TOTALASSIST PROGRAM APPLICATION

Gayle Hughes | xxx-xx-1537 | 05/13/1953

PRE QUALIFICATION

Is the patient currently in treatment, planning to begin treatment in the next 60 days or have been in treatment in the past 6 months?

Does the patient have medical or prescription insurance that covers a portion of their pharmaceutical products being prescribed for their diagnosis?

Is the patient a legal resident of the US, residing in the US or a US territory?

If you could rate the impact of this grant, if approved what would it be (10 being High Impact 1 being Little to No Impact)?

select ▼

select ▼

select ▼

select ▼

Next

Let's Chat

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Answer pre-qualification questions, then click **'Next'** to complete the pre-screen.

Patient data is fictional.

Step 1. Pre-screen – complete

The screenshot displays the 'TOTALASSIST PROGRAM APPLICATION' form for Gayle Hughes. A green pop-up notification in the top right corner states 'Prequalification successfull'. The form has a progress bar with five steps: 1. PATIENT INFORMATION (active), 2. AUTHORIZED PERSON, 3. INSURANCE, 4. MEDICAL, and 5. AUTHORIZATION. Below the progress bar, it indicates 'Fund Applied for: Breast Cancer'. The 'ADDRESS DETAILS' section is highlighted with a red box and contains pre-populated information: Address Type (Home), Address Line 1 (400 Myrtle St), Address Line 2 (empty), City (Fairhope), State (AL), and ZipCode (36532). The 'CONTACT DETAILS' section is also highlighted with a red box and includes a question about the preferred contact method, a dropdown for 'Preferred Contact Method', and fields for 'Preferred Language', 'Email', and 'Email Type'. A blue circular icon with a person symbol is located to the right of the address section, and a blue circular icon with a speech bubble and 'Let's Chat' text is at the bottom right.

CREATE APPLICATION

Prequalification successfull

TOTALASSIST PROGRAM APPLICATION

Gayle Hughes | xxx-xx-1537 | 05/13/1953

1 PATIENT INFORMATION 2 AUTHORIZED PERSON 3 INSURANCE 4 MEDICAL 5 AUTHORIZATION

Fund Applied for: Breast Cancer

ADDRESS DETAILS

Address Type	Address Line 1	Address Line 2
Home	400 Myrtle St	
City	State	ZipCode
Fairhope	AL	36532

CONTACT DETAILS

How would the Patient like to be contacted? All program letters and communications will be sent to the patient based on your selection.

Preferred Contact Method

Preferred Language Email Email Type

Let's Chat

After completing the pre-screen, you will receive an on-screen pop-up notification.

The notification will be green if prequalification was successful, and red if not successful.

If green, continue to patient information section.

Patient address details will pre-populate.

Patient data is fictional.

Step 2. Patient information

CONTACT DETAILS

How would the Patient like to be contacted? All program letters and communications will be sent to the patient based on your selection.

Preferred Language	Email	Preferred Contact Method
English	gaylehughes53@yahoo.com	Email
Email Owner	Phone Type	Email Type
Patient	Cell	Home
	Phone Number	
	555-555-5555	

ADDITIONAL INFORMATION

Gender	Employment Status	Veteran
Female	Retired	No
Marital Status	Household Size	
Married	2	

Race (Select all that applies)

☐ American Indian/Alaskan Native	☐ Asian	☒ Black/African American
☐ White	☐ Native Hawaiian/Pacific Islander	☐ Prefer not to disclose
☐ Other		

Hispanic/Latino/Spanish Origin?

No

Do you receive assistance from other Co-Pay Programs?

NO

Scroll down and complete sections for **‘Contact details’** and **‘Additional information’**.

Patient data is fictional.

Step 2. Patient information – continued

Hispanic/Latino/Spanish Origin?
No

Do you receive assistance from other Co-Pay Programs? ☐ NO

APPLICANT INFORMATION

Relationship to Patient

First Name Last Name Phone Number

Facility/Practice Name Position/Title Fax Number

REFERRAL INFORMATION

How was the patient referred to the program? Program

NEXT

Let's Chat

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Fill out **'Applicant information'** section (information about the person creating the application).

Complete **'Referral information'** by selecting how the patient learned about the TotalAssist program from the dropdown menu, then click **'Next'**.

Applicant data is fictional.

Step 3: Authorized person

Gayle Hughes | xxx-xx-1537 | 05/13/1953

1 PATIENT INFORMATION 2 AUTHORIZED PERSON 3 INSURANCE 4 MEDICAL 5 AUTHORIZATION

Patient information will only be discussed or released as required to assist in the determination and delivery of services from the Program to which the patient is applying. Any requests or sharing of information with anyone other than the medical team, can only be done with the expressed consent of the patient. Please list all individuals (other than patient's medical care team) that the patient has authorized to contact the program on their behalf. (Examples of such individuals can include case managers (not part of the medical care team), spouse, children, friends, etc.).

Are there any authorized users able to speak on behalf of the patient? ☒ YES

First Name: Ronnie Last Name: Hughes Suffix: ▼

Relationship to Patient: Family ▼

Would the patient like program communications sent to this authorized person via email? ☒ YES

Email Address:

Same Address as Patient? ☒ YES Same Phone Number as Patient? ☒ YES

[ADD ONE MORE](#)

[PREVIOUS](#) [NEXT](#)

Let's Chat

Select whether the patient has named any individuals who are authorized to speak on behalf of the patient.

If **'Yes'**, complete contact information and answer required questions.

Add additional authorized persons as needed, then select **'Next'**.

Patient data is fictional.

Step 4: Insurance

Dashboard Applications Claims Patient Search

CREATE APPLICATION Cancel

TOTALASSIST PROGRAM APPLICATION

Gayle Hughes | xxx-xx-1537 | 05/13/1953

1 PATIENT INFORMATION 2 AUTHORIZED PERSON 3 INSURANCE 4 MEDICAL 5 AUTHORIZATION

POLICY DETAILS

Primary Insurance Medicare Plan Type Medicare-A+D

Insurance Type Medicare

INSURANCE INFO

Does the patient have secondary insurance? NO

PREVIOUS NEXT

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Complete section for **'Policy details'** by selecting the primary insurance carrier and plan type from the dropdown menus.

Tip: If you don't find the insurance carrier on the **'Primary insurance'** list, simply type in the insurance carrier name to proceed.

Under **'Insurance info,'** add secondary insurance if applicable, and click **'Next'**.

Patient data is fictional.

Step 5: Medical

TOTALASSIST PROGRAM APPLICATION

Gayle Hughes | xxx-xx-1537 | 05/13/1953

1 PATIENT INFORMATION

2 AUTHORIZED PERSON

3 INSURANCE

4 MEDICAL

5 AUTHORIZATION

Provider

Diagnosis and Treatment

Search Your Treating Provider

Please enter NPI Number or State and City to search for your treating provider.
Enter additional information to improve your search results.
Press the Tab key to start your search.

NPI Number

State

City

Alabama

Fairhope

First Name

Last Name

ZIP Code

Select Your Treating Provider

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

First Name ↑↓	Last Name ↑↓	City ↑↓	Address ↑↓	NPI ↑↓
Ansley	Bishop	Fairhope	123 Maple Lane	12345678
Catherine	Dunwoody	Fairhope	456 Main Street	90123456
Earnest	Flores	Fairhope	78 Poplar Ave	78901234
Geraldine	Harris	Fairhope	90 Aspen Cir	56789012

Search for your patient's treating provider by entering information into one or more of the fields in the blue box.

A list of providers matching the criteria you entered will display below. Click on the provider's name to select.

Provider data is fictional.

Patient Advocate
Foundation
TotalAssist

TotalAssist.org15

Step 5: Medical – continued

TOTALASSIST PROGRAM APPLICATION

Application Intake - Treating Physician

ANSLEY BISHOP - 12345678

Other names:

Address Type ▼

SUBMIT **CANCEL**

NPI Number State City

First Name Last Name ZIP Code

Select Your Treating Physician

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

First Name ↑↓	Last Name ↑↓	City ↑↓	Address ↑↓	NPI ↑↓
Ansley	Bishop	Fairhope	123 Maple Lane	12345678

Select the address type from the dropdown and click **'Submit'**.

Provider data is fictional.

Step 5: Medical – continued

TOTALASSIST PROGRAM APPLICATION

Application Intake - Treating Physician

ANSLEY BISHOP - 12345678

Other names:

Address Type
Physical (123 Maple Lane)

ADDRESS DETAILS

Address Line 1	Address Line 2
123 MAPLE LANE	-
City	State
FAIRHOPE	AL
Zip Code	
36532	

CONTACT DETAILS

Phone Number	Email Address
555-555-5555	
Fax	Extension
333-333-3333	

SUBMIT CANCEL

Let's Chat

Confirm and edit the contact details as needed.

Double-check the listed fax number to ensure the information is correct. The diagnosis verification form will be sent to this number as may be needed.

When finished, click **'Submit'**.

(Note: The diagnosis verification form will not be sent to the treating provider if diagnosis is verified during the application process).

Provider data is fictional.

Step 5: Medical – continued

Ansley	Bishop	Fairhope	123 Maple Lane	12345678
Catherine	Dougherty	Fairhope	456 Magnolia St	90123456
Earnest	Flores	Fairhope	78 Poplar Ave	78901234
Geraldine	Harris	Fairhope	90 Aspen Cir	56789012
Imogene	Johnson	Fairhope	1234 Fir Blvd Ste 700	34567890
Kirk	Lamb	Fairhope	56 Pine St	23456789
Michael	Newsome	Fairhope	7 Oak Ter	01234567
Opal	Pearlman	Fairhope	890 Cherry Ln Ste 200	89012345
Richard	Singh	Fairhope	12 Pecan Cir Ste 1500	67890123
Tonya	Unruh	Fairhope	3 Spruce Lane	45678901

1 2 3 4 5 > >>

PREVIOUS

NEXT

Let's Chat

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Your selection will be highlighted in blue.

After confirming contact details for the treating provider, click **'Next'**.

Provider data is fictional.

Step 5: Medical – continued

Patient's Primary Diagnosis

Patient's Primary Diagnosis
Breast Cancer

Date of Diagnosis
11/05/2025

Patient's Current Medication (Related to Diagnosis)

Please select all medications that the patient is currently taking for this diagnosis. The TotalAssist grant can only be used for co-pays, co-insurance, or deductibles for medications listed here, as well as certain costs related to treatment and medical and prescription insurance premiums.

Patient's Current Medications (Related to Diagnosis)

Keytruda

Diagnosis & Treatment Verification

Does the patient have a confirmed Diagnosis? ☒ YES ☐ NO

I attest I have direct access to documentation provided by the physician/prescriber that affirmatively verifies the patient's diagnosis and I have permission to complete this form on behalf of the patient and dispensing pharmacy. ☐ YES ☒ NO

If no, a Diagnosis Verification Form completed by the patient's treating provider will be required. The Diagnosis Verification form will be faxed to the patient's treating provider selected during the application. Failure to have this form completed and returned within 30 days will result in the patient's account being closed and they will lose the balance of their award.

PREVIOUS NEXT

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Let's Chat

Enter the date of diagnosis.

Next, **select the medication(s)** from the dropdown the patient will be seeking assistance for.

If the patient will not be using their grant for medication-related expenses, select 'Insurance'.

Finally, answer questions related to diagnosis and treatment and click **'Next'**.

NOTE: If you select 'No' for the second question (as shown here), a Diagnosis Verification Form completed by the patient's treating provider will be required.

Patient data is fictional.

Step 5: Medical – continued

Diagnosis & Treatment Verification

Does the patient have a confirmed Diagnosis?

I attest I have direct access to documentation provided by the physician/prescriber that affirmatively verifies the patient's diagnosis and I have permission to complete this form on behalf of the patient and dispensing pharmacy.

Patient Diagnosis

Malignant neoplasm of central portion of right female breast

Upload the Diagnosis and Treatment Information

In order to review and complete the patient's application, substantiate the diagnosis and treatment information provided, and ensure that assistance are required to have document(s) that verify their condition, the following information is required to apply for the TotalAssist Program.

Documentation must include the following information:

- Patient Name & DOB
- Diagnosis Name & ICD-10 Code
- Treating Physician Name, Facility Name, & NPI

ICD Code

C50

C50.021
C50.911
C50.512
C50.311
C50.111
C50.221
C50.012
C50.A1
C50.411
C50.922

If you can verify the patient's diagnosis, select 'Yes' for both questions, and add the required ICD Code in the section below.

To select the relevant code, **begin typing directly into the field** and a list of relevant ICD codes will populate as a dropdown. Once a code is selected, the corresponding diagnosis will populate in the 'Patient diagnosis' field.

Scroll down to upload diagnosis verification documentation.

Patient data is fictional.

Step 5: Medical – continued

For **Pharmacy** portal users, a list of acceptable verification documents is listed here.

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'**.

• Copy of electronic prescription that includes ICD-10 code
• Copy of insurance prior authorization that includes diagnosis by name or ICD-10 code
• Copy of benefits investigation that includes diagnosis by name or ICD-10 code
• Copy of chart notes or communications from provider that includes diagnosis by name or ICD-10 code

If you have any questions, please contact the program at 866-512-3861.

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

14KB
Gayle Hughe...

PREVIOUS

NEXT

Let's Chat

Patient data is fictional.

Step 6: Authorization

Click 'View patient agreement' to review and agree.

TOTALASSIST PROGRAM APPLICATION

Gayle Hughes | xxx-xx-1537 | 05/13/1953

1 PATIENT INFORMATION

2 AUTHORIZED PERSON

3 INSURANCE

4 MEDICAL

5 AUTHORIZATION

Patient Agreement, Disclosures, and Attestations:

The patient/authorized agent must review and agree to the Patient Agreement. This gives PAF permission to process the application. Click the View Patient Agreement button below.

VIEW PATIENT AGREEMENT

Opt-In

May the Patient Advocate Foundation and the TotalAssist Program use your contact information in the future to share printed and or electronic communications with you? Application updates will still be sent regardless of your choice.

YES ☐

PRINT PATIENT AGREEMENT

For a complete copy of the PAF TotalAssist program disclaimer and Patient Agreement, Disclosures, & Attestations, please click [here](#)

PREVIOUS

SIGN AND SUBMIT

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Let's Chat

Patient data is fictional.

Step 6: Authorization – continued

Review the agreement, disclosures, and attestation, and **click the required check boxes.**

To complete, **select 'Yes'** to acknowledge that you have read and understand materials and agree to the terms of the program.

Patient Representative, Caregivers, Pharmacies or Providers:

Since you are completing this application on behalf of a patient, you must agree to the following terms:

☒ I attest that the patient has consented to my completion of the application on his/her behalf in order for the patient to apply for assistance through TotalAssist. I attest that the patient has consented to the patient has consented to the TotalAssist application process. Patient Agreement. I attest that and based on the information Foundation will rely on the information application, including sending application.

Patient Agreement, Disclosure

I agree that the information provided Advocate Foundation ("PAF") if the firm what has been documented in this application.

I authorize my health care provider(s) its employees, third-party administrators information about me, my current medical agrees to treat all such information as

Patients should only be enrolled in grants diagnoses. Enrollment in any fund for strictly prohibited. All patient diagnoses ensure compliance with program guidelines will be disenrolled from the grant(s) in disease specific grants for which they those grants and will not be allowed to

The patient authorizes PAF to:

☒ Use the information provided in the TotalAssist application form including their Social Security Number, to determine their eligibility for, and assist with their continued participation in, TotalAssist.

Use their Social Security Number to access their credit information and information derived from public and other sources to verify their financial eligibility for participation in the program and their place of residency as part of the eligibility determination process.

Contact them to seek feedback on TotalAssist services.

Use their contact information in the future to share printed and/or electronic communications from PAF.

Do you acknowledge that you have read and understand the Patient Agreement, Disclosures, & Attestations and agree to the terms of the program?

YES **NO**

Step 6: Authorization – continued

TOTALASSIST PROGRAM APPLICATION

Gayle Hughes | xxx-xx-1537 | 05/13/1953

1 PATIENT INFORMATION

2 AUTHORIZED PERSON

3 INSURANCE

4 MEDICAL

5 AUTHORIZATION

Patient Agreement, Disclosures, and Attestations:

The patient/authorized agent must review and agree to the Patient Agreement. This gives PAF permission to process the application. Click the View Patient Agreement button below.

VIEW PATIENT AGREEMENT

Opt-In

May the Patient Advocate Foundation and the TotalAssist Program use your contact information in the future to share printed and or electronic communications with you? Application updates will still be sent regardless of your choice.

YES

PRINT PATIENT AGREEMENT

For a complete copy of the PAF TotalAssist program disclaimer and Patient Agreement, Disclosures, & Attestations, please click [here](#)

PREVIOUS

SIGN AND SUBMIT

Let's Chat

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To complete the application, click 'Sign and submit'.

Patient data is fictional.

Application complete: Instant approval decision

The screenshot shows the Patient Advocate Foundation TotalAssist web portal. At the top, there's a purple header with the logo and a 'Logout' button. 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 and the text 'CONGRATULATIONS Your Application has been approved' is prominent. Below this, a message states: '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.' Further down, under 'Patients and caregivers:', it says: '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 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', 'For pharmacy inquiries contact PDMI at 855-552-0274.', and 'For patient inquiries contact PAF at 866-512-3861.' At the bottom, there's a link to 'TotalAssist Claim Guide'.

Patient data is fictional.

After submitting the application, you will receive an instant approval decision (in most cases).

If approved, you can scroll down to view the **virtual pharmacy card**. Patients will use this at pharmacies or specialty pharmacies.

This page also contains a link to download the **TotalAssist Claim Guide**.

Application information – Applications tab

Application and grant award information can always be accessed in the **'Applications'** tab of the portal.

The most recent application will be listed first, and you can use the **'Search and filter'** button to locate a particular patient.

Click these buttons to quickly view claims or documents.

To view full application information, click **'Application details'**.

Patient data is fictional.

Application information – full details

All application information can be found here.

You can also upload documents, review correspondence, view and submit claims, and access the pharmacy card from this view.

The screenshot shows the 'Applications' section of the Patient Advocate Foundation TotalAssist portal. The header includes the logo, a 'Logout' button, and navigation links for Dashboard, Applications, Claims, and Patient Search. The main content area displays 'APPLICATION REF: APPTAA20263840027' for 'Breast Cancer'. A sidebar on the left lists various options: Award Info, Patient Info, Authorized Person, Insurance Details, Physician/Diagnosis, Upload Documents, Correspondence, Claims, and Application Status / Pharmacy Card. The 'Award Info' section is highlighted with a green 'APPROVED' status. It includes details such as Fund Applied for (Breast Cancer), Effective Date (June 4, 2026), Expiry Date (June 4, 2027), Award Year (2026), Revoke Date (October 2, 2026), LookbackDate (December 6, 2025), and Balance (\$ 6500.00). A 'Let's Chat' button is visible in the bottom right corner.

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Patient data is fictional.