



# **Patient Experience**

User Guide

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## Introduction

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Welcome to fae. In this user guide, you will learn how to navigate the Patient Portal, as well as the alternative Patient Interactive Voice Response system. The guide will also outline the notifications you may receive from the system.

This guide assumes basic knowledge of how to use a web browser. fae performs best in Google Chrome.

## Getting Started

To start your application, navigate to the web address provided to you by your hospital or medical facility. The website should look like the below image but will have your facility's logo and name.

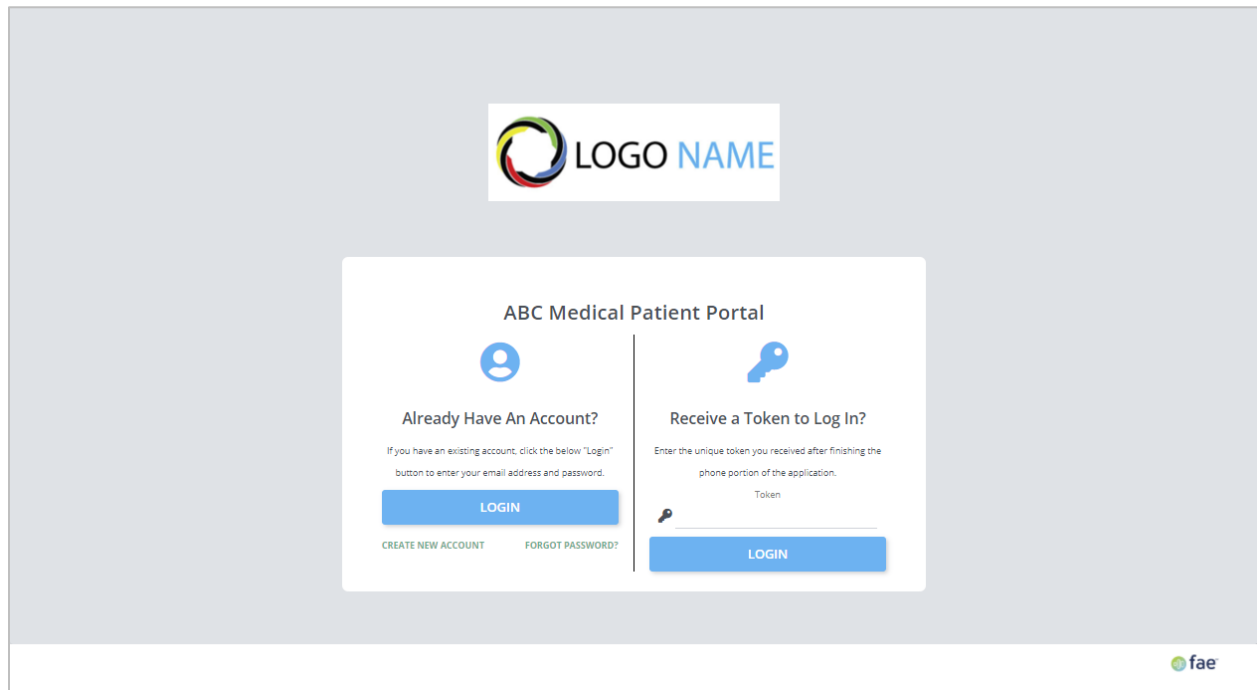


Figure 1: Login screen

## Create an Account

The first thing you will need to do if you have never used the system before is create an account. Click on Create New Account below the left Login button to start the process.

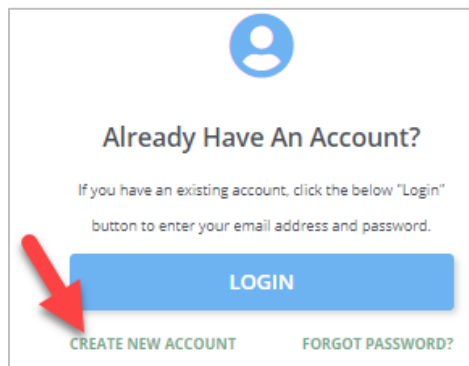
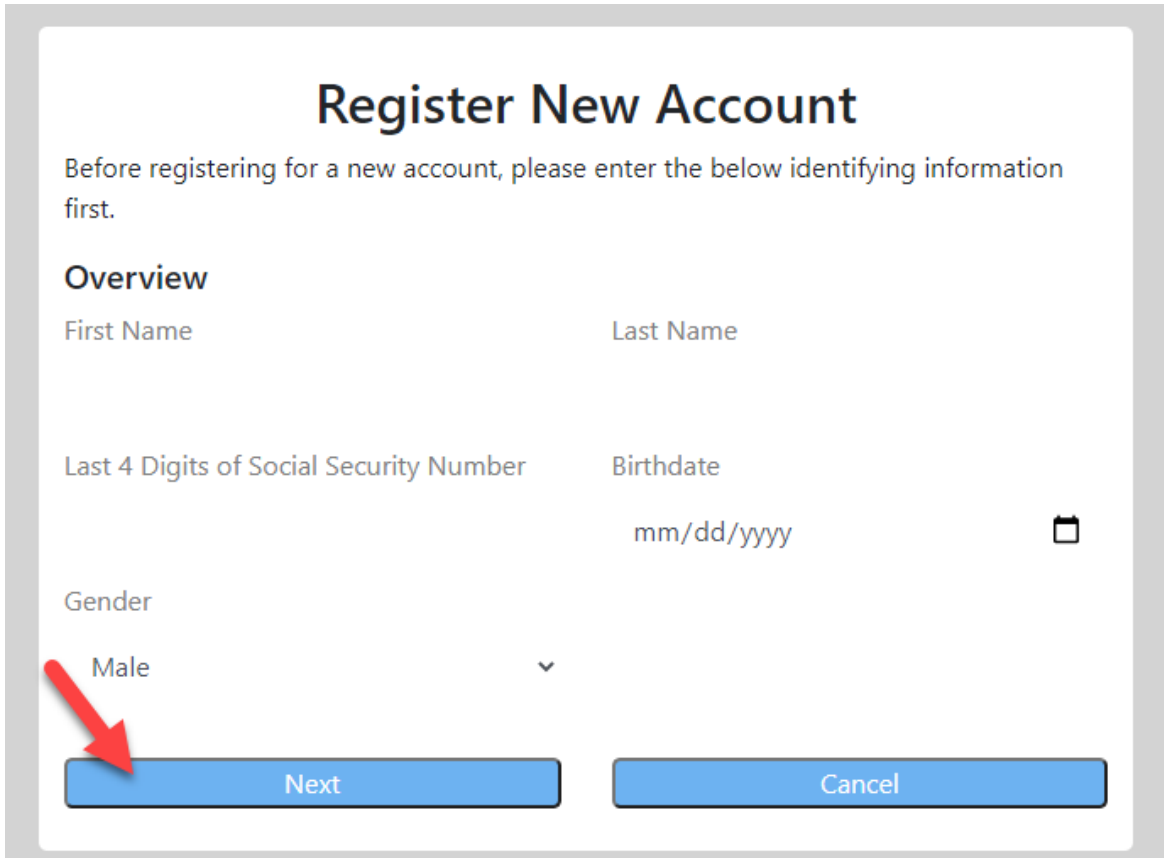


Figure 2: Create New Account location

The first step asks for your identifying information. Enter your first and last name, the last four digits of your social security number, your date of birth, and your gender, all as it appears on your medical records at the facility.



**Register New Account**

Before registering for a new account, please enter the below identifying information first.

**Overview**

First Name  Last Name

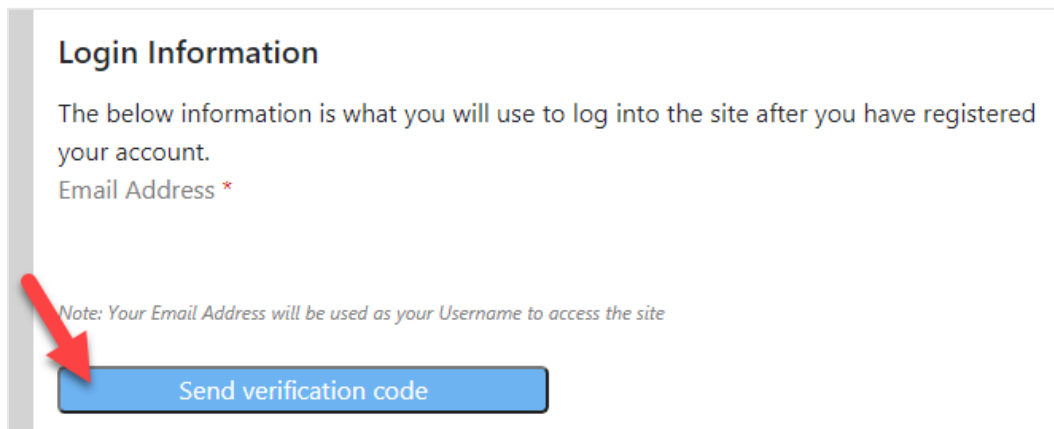
Last 4 Digits of Social Security Number  Birthdate

Gender

**Next** **Cancel**

Figure 3: Identifying information

Once you have entered your information, click Next. You will be asked to provide your email to create your account and will need to verify your email with a code. Enter your email in the email field and click Send verification code.



**Login Information**

The below information is what you will use to log into the site after you have registered your account.

Email Address \*

*Note: Your Email Address will be used as your Username to access the site*

**Send verification code**

Figure 4: Email verification

The code will be sent to the email provided. Open your email to find the code, which will be sent by Microsoft on behalf of the site.

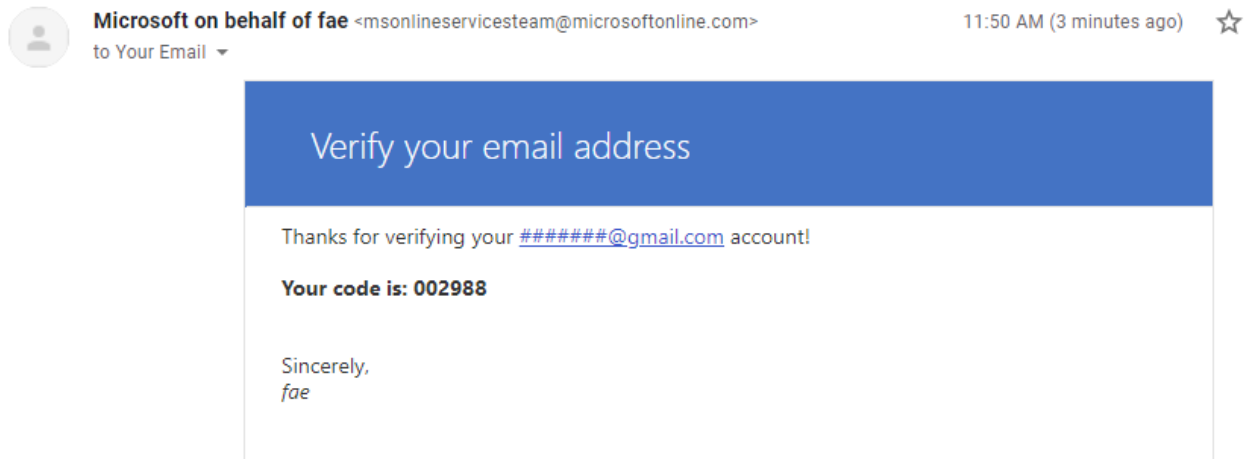


Figure 5: Verification code email

Return to the website, and enter the code provided. Click Verify Code.

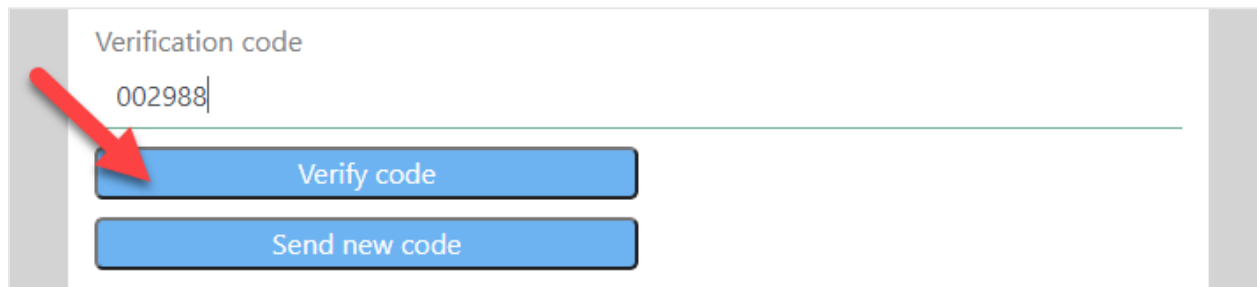


Figure 6: Entering the verification code

Once you have verified the code, a message will display above the email field that indicates that your email has been verified (Figure 7, #1). You can then do the following:

1. Enter a password (At #2 and #3 in Figure 7). Your password must be between 8 and 16 characters, and must contain a combination of characters from at least three of the following four categories:
  - a. Uppercase Letters (A, B, C...)
  - b. Lowercase Letters (a, b, c....)
  - c. Numbers (1, 2, 3 ...)
  - d. Symbols (?, \$, #...)

This password will be protecting your sensitive financial data. To increase security, it is recommended that you do not reuse a password that you have used on any other website.

2. Select your notification preference (Figure 7, #4). If you select text, an additional field will display to allow you to enter your phone number. This information will only be used to send you notifications about the status of your application.
3. Select your language preference (Figure 7, #5).
4. Review the terms of use and privacy policy by clicking the [terms of use and privacy policy](#) link in blue, then check the box to agree to them (Figure 7, #6). You will not be allowed to proceed without agreeing.
5. When you have completed all fields, click Register account (Figure 7, #7).

If your registration successfully submits, you will be automatically logged into the portal.

If your registration does not submit, scroll up to look for any alert messages by any of the fields, and correct your information. Messages may also display at the very top of the screen.

### Login Information

E-mail address verified. You can now continue. 1

Email Address \*

@gmail.com

*Note: Your Email Address will be used as your Username to access the site*

Change e-mail

New Password 2

*Password must meet the following requirements:*

- Must be between 8 and 16 characters.
- Must contain at least one character from 3 of the 4 following classes: uppercase letter, lowercase letter, number, and symbol (e.g. ? ! @ # \$ % &)

Confirm New Password 3

Notification Preference

☒ Email 4

☐ Text

Language Preference

☒ English 5

☐ Spanish

☐ I have read and agree to the [terms of use and privacy policy](#) 6

Register Account 7

Cancel

Figure 7: Completing account creation

## Forgot Password

If you already have an account with fae but have forgotten your password, use the Forgot Password option to regain access to your account.

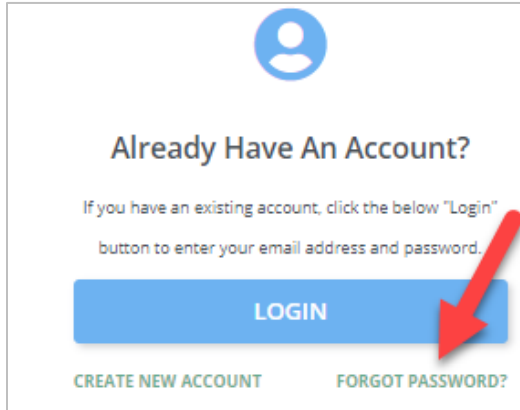


Figure 8: Forgot Password option

Clicking this option will bring you to a screen where you will enter your email address. Click Send Verification Code to receive an email with a verification code.

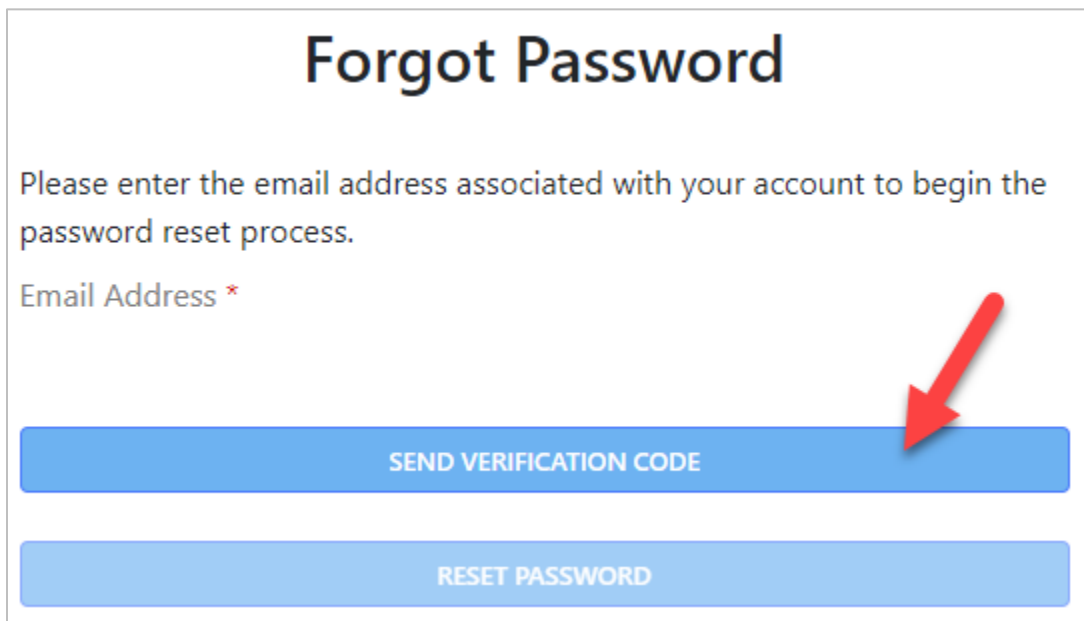
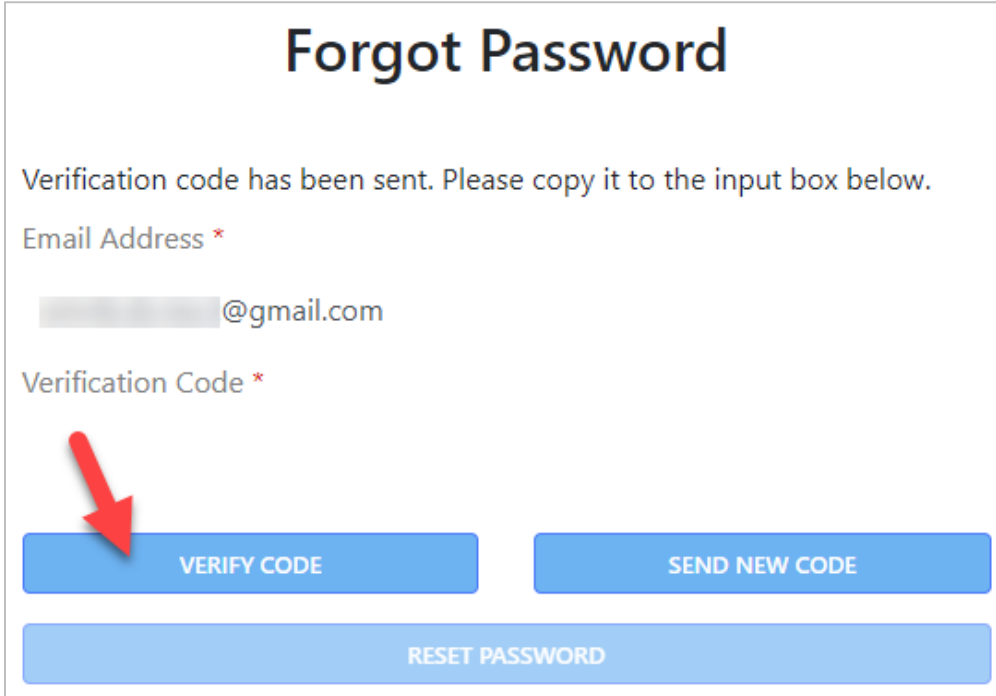


Figure 9: Forgot Password screen, step 1



An additional field will also display when you click Send Verification Code. Retrieve the code from your email, and enter it in the field, then click Verify Code.



**Forgot Password**

Verification code has been sent. Please copy it to the input box below.

Email Address \*

@gmail.com

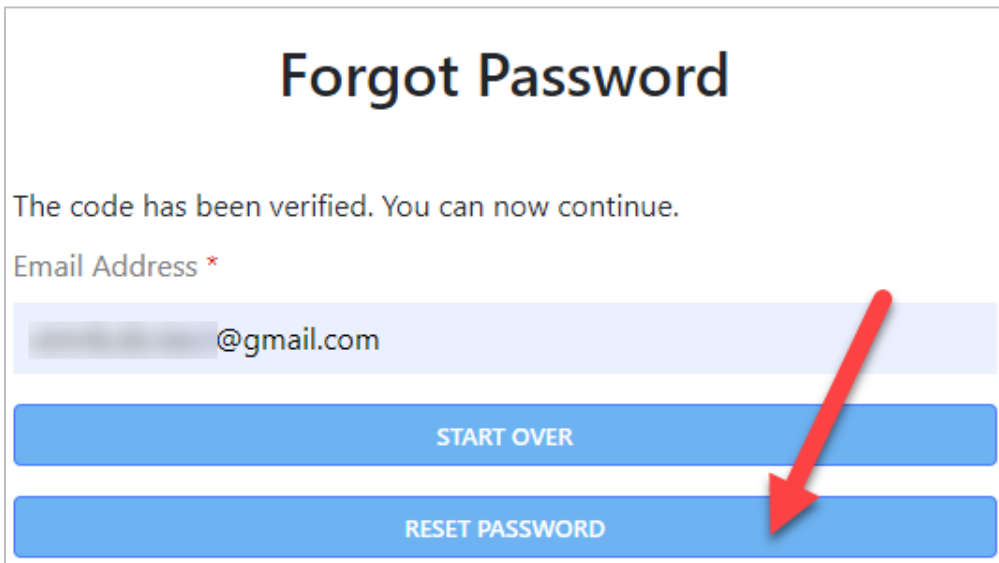
Verification Code \*

**VERIFY CODE** **SEND NEW CODE**

**RESET PASSWORD**

Figure 10: Forgot Password Screen, step 2

When the code is verified, you will see a confirmation message. Click Reset Password to continue.



**Forgot Password**

The code has been verified. You can now continue.

Email Address \*

@gmail.com

**START OVER** **RESET PASSWORD**

Figure 11: Forgot Password Screen, step 3

You will then be able to enter a new password, which must match the same requirements as in the Account Creation section. Click Reset Password And Return To Login, and use your new password to access the system.

## Reset Password

Please enter a new password

New Password

.....

Your Password must meet the following requirements:

- Must be atleast 8 characters long.
- Must contain atleast 1 uppercase letter.
- Must contain one of the following special characters: ?!@#\$\$%&

Confirm New Password

.....|

---

RESET PASSWORD AND RETURN TO LOGIN




Figure 12: Forgot Password Screen, step 4

## Inside the Portal

### Landing Page

Upon login to the patient portal, you will see the Patient Landing page, which gives you access to all your applications.

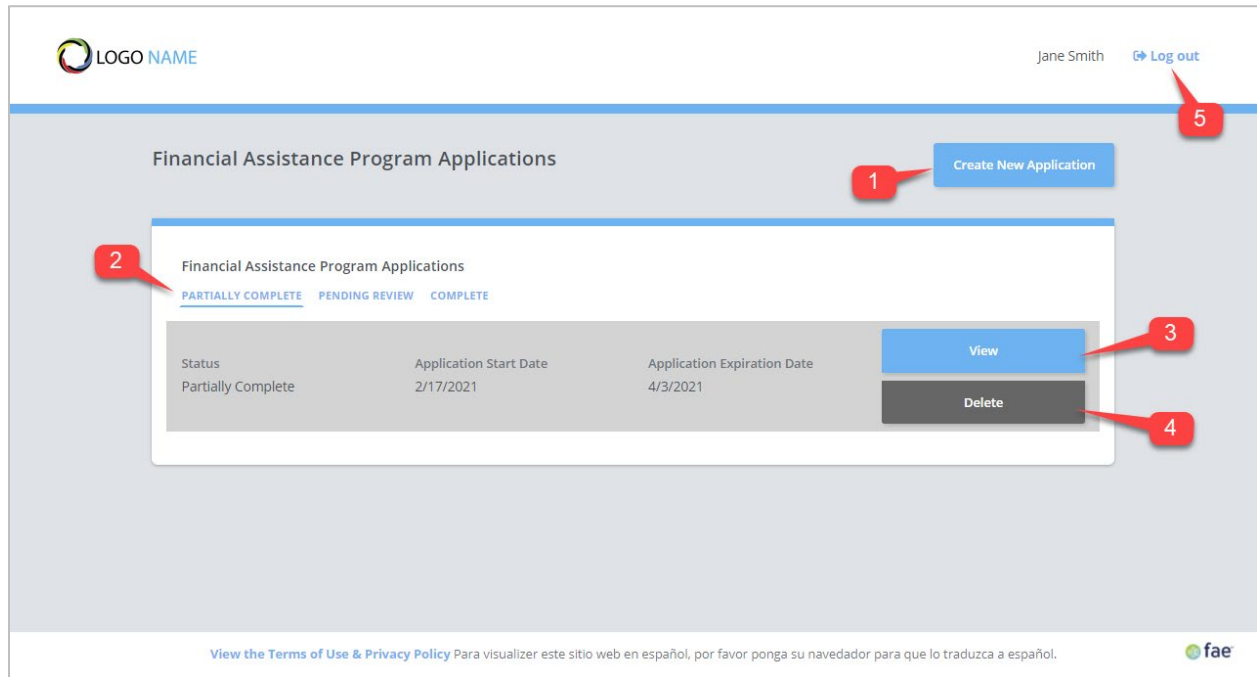


Figure 13: Patient Portal Landing Page

From this screen (Figure 13) you can:

1. Create a new application
2. Review your existing applications
3. View the details of an application
4. Delete an application
5. Log out of the portal

Your applications will be arranged in three tabs, according to their current status.

- **Partially Complete** applications will display by default (Figure 13, #2). These are applications which need your attention, either because they are incomplete, or because a representative has reviewed them and requested additional information or changes.
  - You can **View** (Figure 13, #3) a Partially Complete application and make changes or **Delete** (Figure 13, #4) the application if you no longer wish to submit it.
  - Applications will expire after a certain number of days (you can view the Expiration Date next to the View and Delete buttons). If you believe you had started an application and you no longer see it here, it may have expired; click Create New Application (Figure 13, #1) to start a new one.

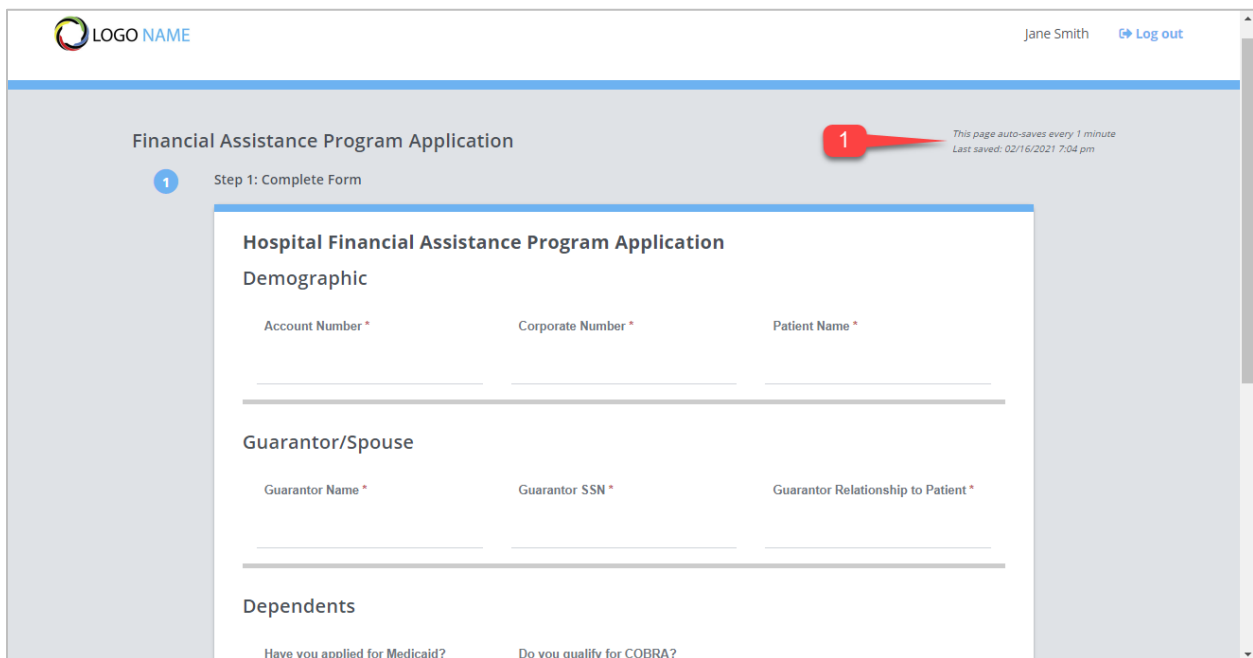
- Click the **Pending Review** tab (Figure 13, #2) to see applications that have been submitted and are awaiting review. These applications do not currently require any attention from you, but additional information may still be requested if it is needed.
  - You can **View** a Pending Review application but cannot make any changes or delete it.
- Click the **Complete** tab (Figure 13, #2) to see applications that have been reviewed and submitted to your medical provider. These applications no longer require your attention, and any questions about them can be addressed to your medical provider.
  - You can **View** a Complete application but cannot make any changes or delete it.
  - Complete applications will only remain on the portal for a limited time.

## Financial Assistance Application

The financial assistance application process is divided into three steps.

### Step 1: Complete Form

Step one will present you with all questions that your medical provider needs answers to in order to process your application.



Financial Assistance Program Application

Step 1: Complete Form

**Hospital Financial Assistance Program Application**

**Demographic**

Account Number \*      Corporate Number \*      Patient Name \*

\_\_\_\_\_  
\_\_\_\_\_

**Guarantor/Spouse**

Guarantor Name \*      Guarantor SSN \*      Guarantor Relationship to Patient \*

\_\_\_\_\_  
\_\_\_\_\_

**Dependents**

Have you applied for Medicaid?      Do you qualify for COBRA?

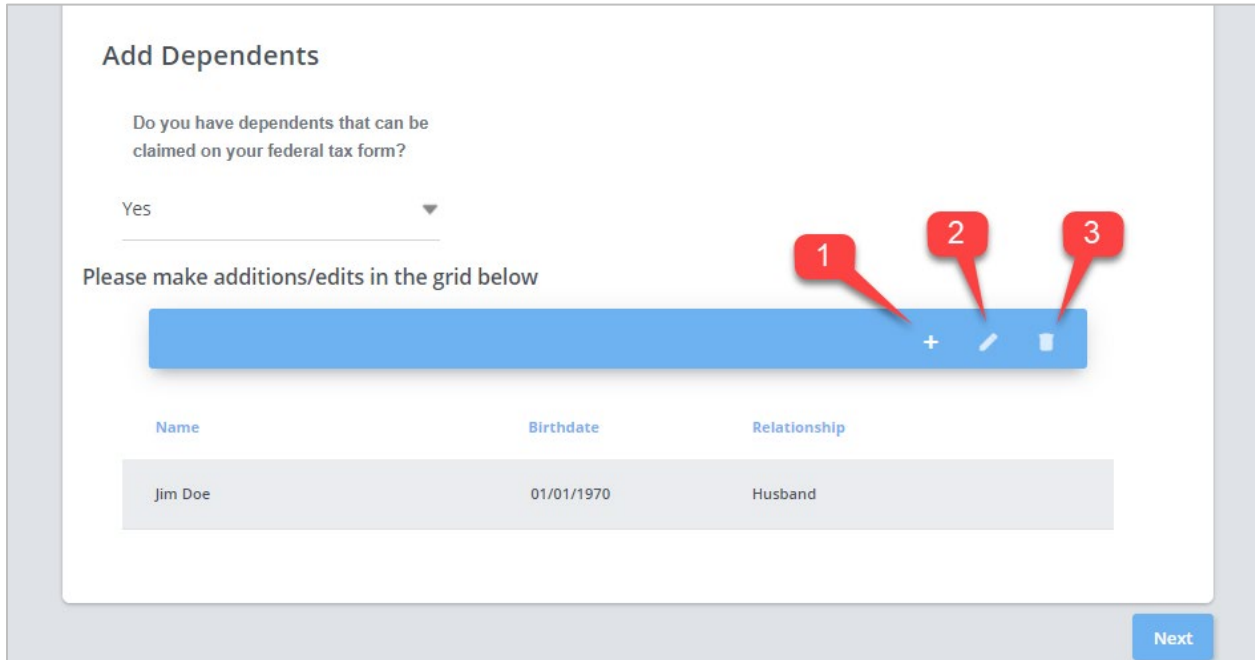
\_\_\_\_\_  
\_\_\_\_\_

This page auto-saves every 1 minute  
Last saved: 02/16/2021 7:04 pm

Figure 14: Step 1: Complete Form

Required fields are indicated with a red asterisk. You cannot manually save nor submit the form without completing all required questions. However, the page will automatically save your answers once every minute, so you may leave the site and return to pick up where you left off. The date and time of the last auto-save is listed at the top right corner of the application (Figure 14, #1).

If an Add Dependents section exists within the application, and you answer Yes to the question(s), a table will display for you to provide information about the referenced dependents.



**Add Dependents**

Do you have dependents that can be claimed on your federal tax form?

Yes ▼

Please make additions/edits in the grid below

Name	Birthdate	Relationship
Jim Doe	01/01/1970	Husband

Next

Figure 15: Add Dependents

To add a dependent, click the + Icon in the table header (Figure 15, #1). A small form will pop up allowing you to add information about your dependent. You may add multiple dependents by clicking the + icon again after you have saved.

To edit a dependent, Select the appropriate row in the table and click the pencil icon in the table header (Figure 15, #2). The form will open with the dependent's information populated, allowing you to make changes.

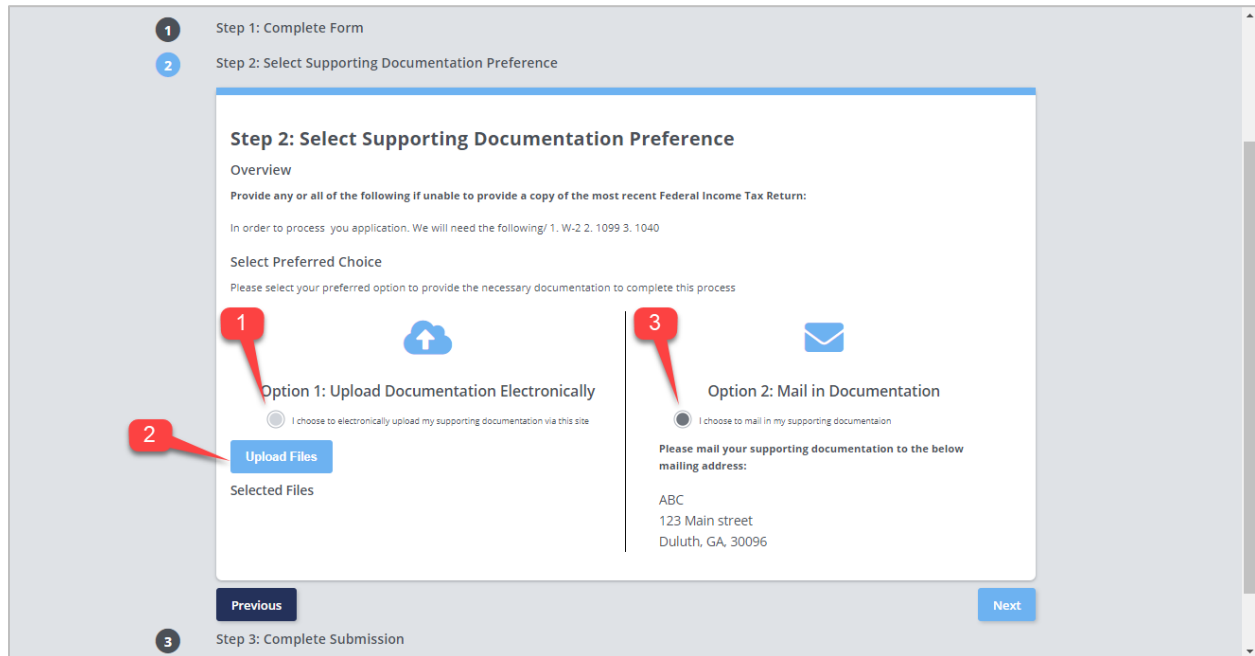
To delete a dependent, select the row and click the trash can icon (Figure 15, #3).

When you are finished with the application questions, click Next at the bottom of the form to proceed to step 2.

## Step 2: Select Supporting Documentation Preference

If your provider requires you to submit additional documentation, Step 2 will allow you to choose how you would like to submit it. Review the Overview text to understand what documents your provider needs, then decide how you would like to submit them.

**Note:** If this step does not display, you are not required to submit documentation. Step 2 will instead display as Complete Submission.



**Step 2: Select Supporting Documentation Preference**

Overview

Provide any or all of the following if unable to provide a copy of the most recent Federal Income Tax Return:

In order to process your application, we will need the following/ 1. W-2 2. 1099 3. 1040

Select Preferred Choice

Please select your preferred option to provide the necessary documentation to complete this process

**1**

**2**

**3**

Option 1: Upload Documentation Electronically

☐ I choose to electronically upload my supporting documentation via this site

Upload Files

Selected Files

Option 2: Mail in Documentation

☐ I choose to mail in my supporting documentation

Please mail your supporting documentation to the below mailing address:

ABC  
123 Main street  
Duluth, GA, 30096

Previous

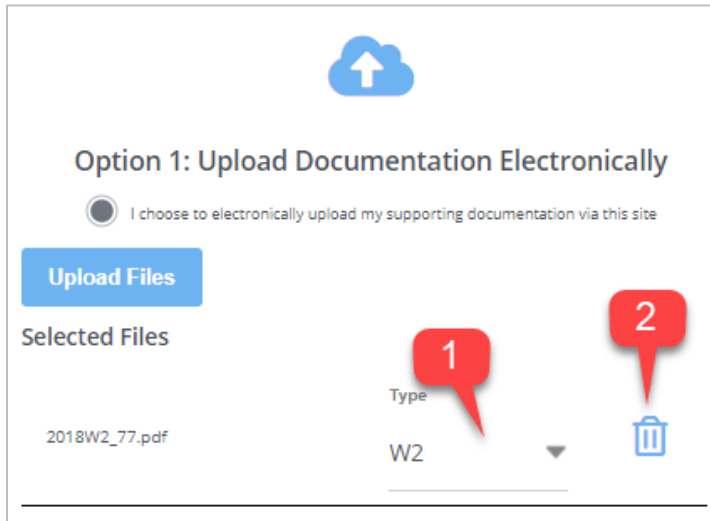
Next

**3**

Step 3: Complete Submission

Figure 16: Select Supporting Documentation Preference

- If you can provide electronic copies of your documents, select Upload Documentation electronically (Figure 16, #1), and click Upload Files (#2) to attach your documents.
  - You can only upload one document at a time. Click Browse, select a single document, and confirm to complete the upload. Click Upload Files again to add additional documents.
  - Once each document is uploaded, you will need to select what type of document it is (See Figure 17, #1).
  - You may remove a document from your application by clicking the trash can to the left of the document type (See Figure 17, #2)
- If you would prefer to mail your documents directly to your medical provider, select the Mail in Documentation option (#3 in Figure 16). Your application will enter Complete status after review, but your provider may not approve it if you do not send your documents in a timely fashion.



**Option 1: Upload Documentation Electronically**

☒ I choose to electronically upload my supporting documentation via this site

**Upload Files**

**Selected Files**


Type	
W2	

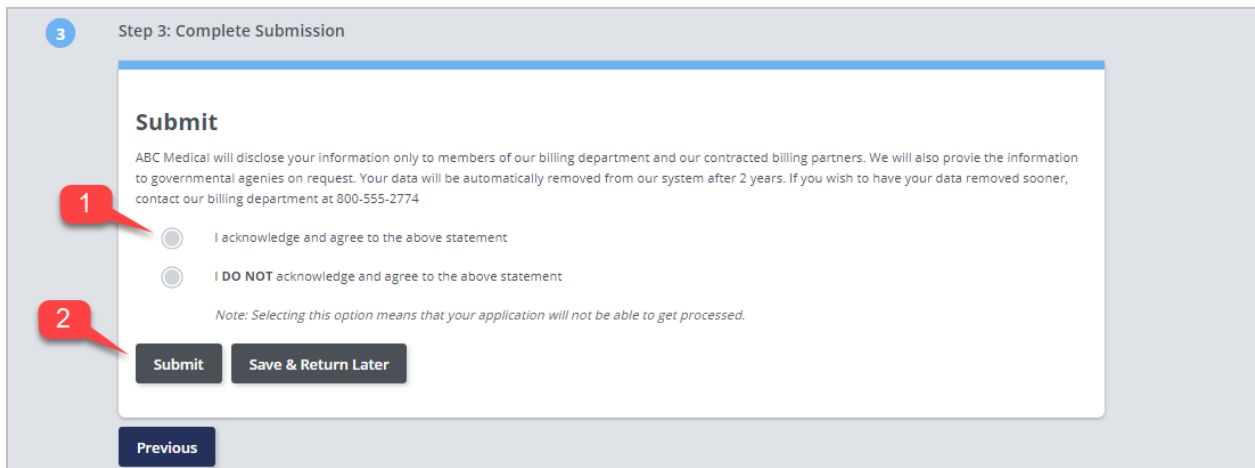
Figure 17: One file uploaded

Once all your documents are uploaded, or you have elected to mail them, click Next to proceed to step 3.

### Step 3: Complete Submission

In the final step, you will be asked to review the information disclosure statement provided by your medical provider. Please accept or deny the statement (Figure 18, #1)

**Note:** If you do not accept the disclosure statement, you will be unable to process your application through fae.



**3 Step 3: Complete Submission**

**Submit**

ABC Medical will disclose your information only to members of our billing department and our contracted billing partners. We will also provide the information to governmental agencies on request. Your data will be automatically removed from our system after 2 years. If you wish to have your data removed sooner, contact our billing department at 800-555-2774

☒ I acknowledge and agree to the above statement

☐ I **DO NOT** acknowledge and agree to the above statement

*Note: Selecting this option means that your application will not be able to get processed.*

**Submit** **Save & Return Later**

**Previous**

Figure 18: Complete Submission

If you still have changes to make or documents to upload, click Save & Return Later to close the form for now.

If you are finished and your application has all the information it needs, click Submit (Figure 18, #2) to send your application to the review queue. You will see a message confirming successful submission of your application (Figure 19). You will not be able to make any further changes to the application unless requested to by a representative.

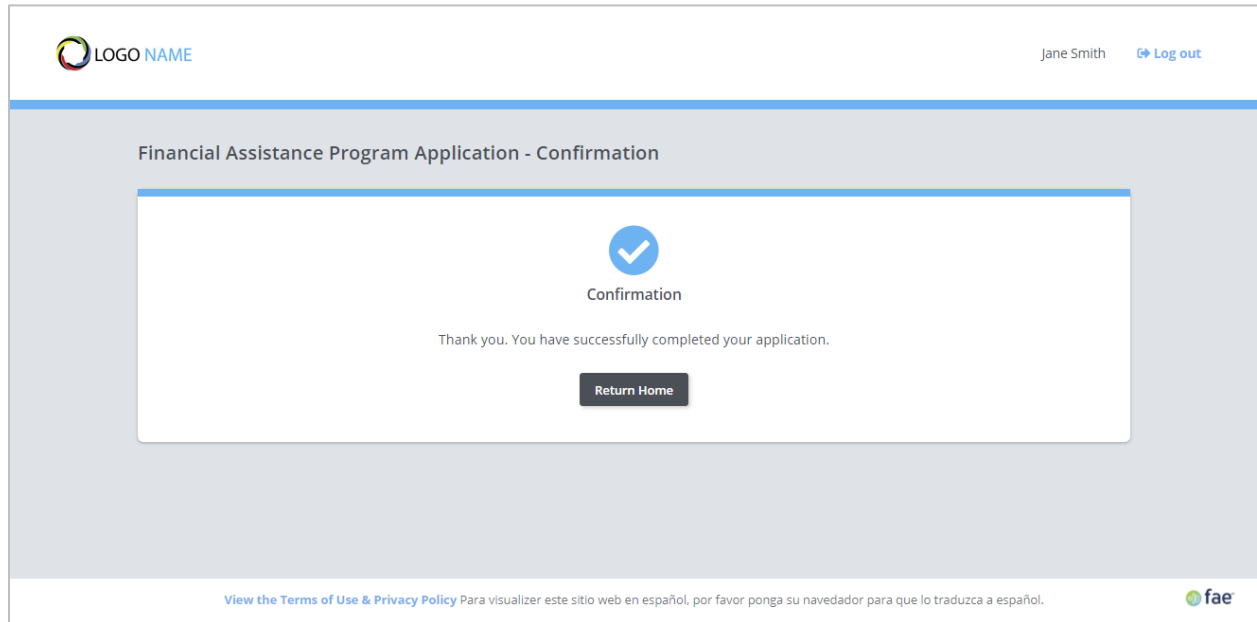


Figure 19: Submission Confirmation

If any further information is requested from you, you will receive a notification. Please see the [Notifications](#) section to understand what notifications you may receive from fae.



## IVR Experience

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If you prefer to provide your information over the phone, fae includes an Interactive Voice Response (IVR) system that will allow you to enter your information. The phone number will be provided to you by your medical provider.

### Calling Into the IVR

When you call into the IVR, you will first be asked to choose your preferred language. This preference will be used not just for the IVR, but also for any notifications sent to you by the system. Select 1 for English, or 2 for Spanish.

Next, a reminder about the Patient Portal location / web address will be provided. You may opt to hang up and use the Portal instead at this point. At the end of the reminder, you can press 1 to repeat the message, or 2 to continue to the application process in the IVR.

The system will provide some instructions about how to enter information into the system, and then will ask you to identify yourself with five questions.

1. **Spell your first name.** Speak the letters in your first name as it appears on your medical records.
2. **Spell your last name.** Speak the letters in your last name as it appears on your medical records.
3. **Speak your birthdate.** Speak your birthdate. You may say it numerically, or in a normal speaking format, as in "January first, nineteen-seventy."
4. **Key in your Social Security Number.** Enter your social security number using the numbers on your phone's keypad.
5. **Select your gender.** Select 1 for male, or 2 for female.

After each question, the system will repeat your answer back to you and offer you the chance to correct your answer if it was misheard or miskeyed.

Once you have completed all the identifying questions, the system will attempt to find a record for you in fae. If you have not previously created an application, you may start a new one at this point. If you currently have applications in progress, the system will list each one and allow you to choose to continue where you left off or start a new application.

When starting your application, the system will inform you how many days you have to complete it before it expires. Then, you will be asked for a phone number to which fae will send text notifications. This information will only be used to send you notifications about the status of your application.

### *Completing the Application*

If your medical records are found in your provider's Electronic Medical Records (EMR) system, you will be asked to verify information fae found on your record. Please proceed through these questions and either confirm or update the information retrieved.

After verifying, or if no information was found for you in your provider's EMR, the system will proceed through asking you all other questions on the application. Please listen carefully and enter your information as requested. You will be presented with the following types of questions:

- **Please Speak your answer:** The IVR utilizes voice recognition that will recognize and document your answer.
- **Please Spell your answer:** You can optionally spell answers rather than speak them, and questions about names will require you to spell the answers. When spelling, try to spell at a normal speaking tone and pace.
- **Please key in your answer:** For questions with numbers, the system will ask you to use your keypad to enter information. If entering monetary amounts, enter dollars and cents. Example: \$350.00 should be entered as 3-5-0-0-0.
- **Enter 1 for Yes, 2 for No:** For yes/no questions or other questions with a small list of options, the system will ask you to press the key corresponding to your answer.

The system will repeat the answer to each question and provide the option to change your answer. For all prompts except spelling prompts, you can press 1 to re-answer the question, or 2 to proceed to the next. If you are answering a spelling prompt, then the options are slightly different: 1 to change your answer, 2 to move to the next word in your answer, or 3 to proceed to the next question.

Some questions are not required, and you can skip them after providing a dummy answer. For example, if you do not have a secondary phone number and the system asks you for one, enter any number, and select the prompt after the question that indicates the question does not apply to you.

The application process can be lengthy. If you need to hang up, you can call back later and pick up from where you left off.

At the end of the application process, you may be required to submit additional documentation by your medical provider. If this is the case, the system will inform you that you will receive a text with a unique token and a link to the Patient Portal site. See the next section, Application Finalization, to review how to use the token and the Patient Portal site.

If you are not required to submit documentation, the system will ask you two additional questions.

1. You will be asked to accept the Terms and Conditions for the fae system. Press 1 to accept the terms, or 2 to deny. A copy of the terms can be found on the Patient Portal site. You may hang up and return to the IVR after reviewing the Terms and Conditions if you wish. You may also proceed with a denial, and a representative will send you a notification requesting that you review the Terms and Conditions on the Patient Portal

site and accept there. Your application cannot be processed if you do not accept the Terms and Conditions

2. The system will read out your medical provider's disclosure and ask you to accept (Press 1) or deny (press 2) the statement. If you do not accept on the call, a representative will send you a notification requesting that you review the disclosure on the Patient Portal site and accept there. Your application cannot be processed if you do not accept the Disclosure.

At the end of the call, the system will read out a closing message, and will disconnect. If you were informed that you will be receiving a token, you should receive it within a few minutes. If you were not, your application is submitted and will be reviewed by a representative; you have no further action to take unless you receive a notification by representative request.

## Application Finalization

When you receive your notification text with the token, follow the link in the text to reach the Patient Portal. This also applies to notifications with requests for additional information from representatives.

You will enter your token, with the dashes, into the left side of the login screen. Example of what a token will look like: ABC-D12-34E

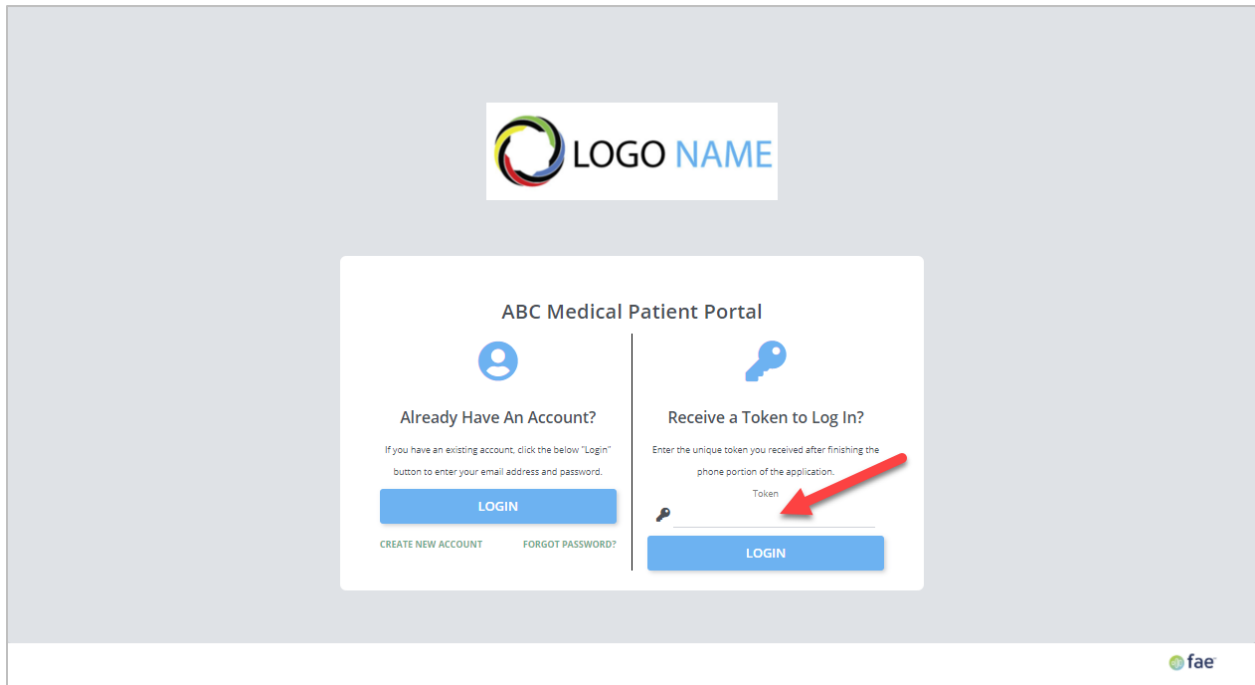
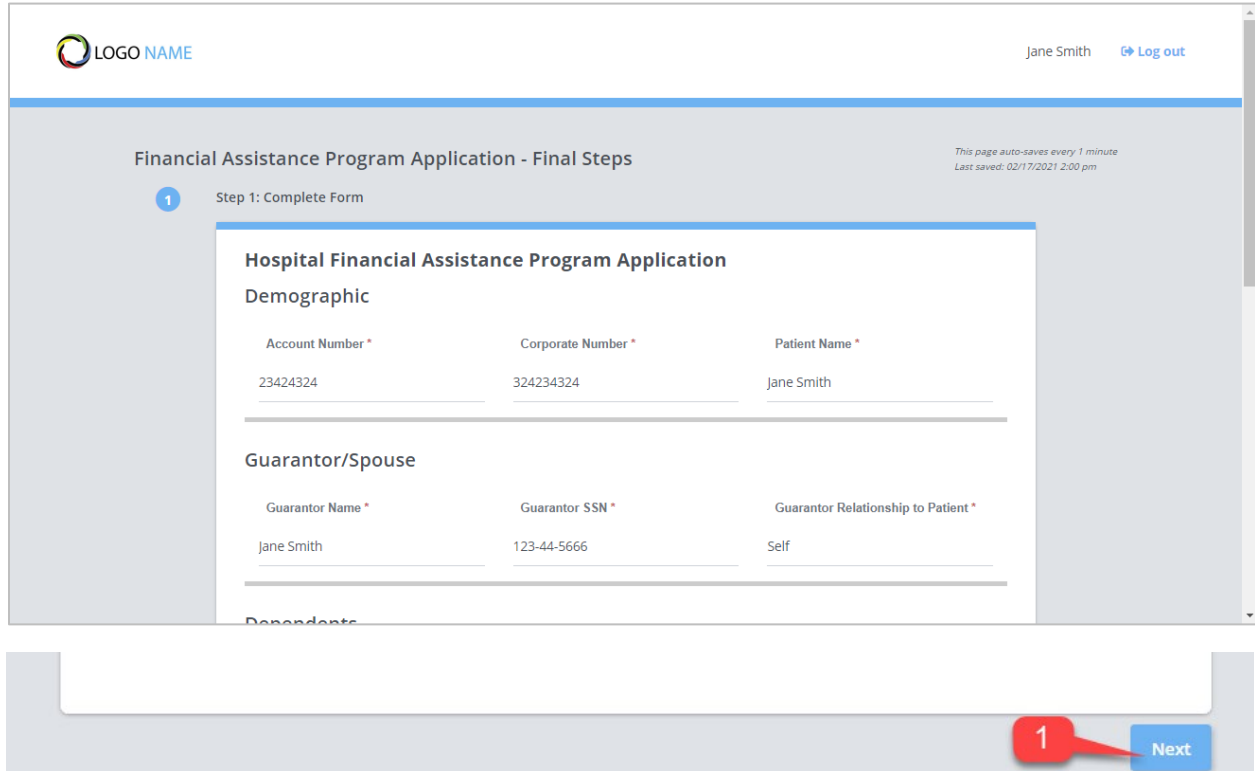


Figure 20: Token entry field

Type in your token and click the Login button under the field. You will be logged in to the first step of a six-step process. While logged in, your application will be saved automatically once every minute.

### Step 1: Complete Form

In Step 1, you can review your information to verify that the IVR system correctly recorded it. Make any corrections necessary before proceeding to step 2 by clicking Next (Figure 21, #1) at the bottom of the application.



LOGO NAME Jane Smith Log out

Financial Assistance Program Application - Final Steps

This page auto-saves every 1 minute  
Last saved: 02/17/2021 2:00 pm

1 Step 1: Complete Form

**Hospital Financial Assistance Program Application**

**Demographic**

Account Number *	Corporate Number *	Patient Name *
23424324	324234324	Jane Smith

**Guarantor/Spouse**

Guarantor Name *	Guarantor SSN *	Guarantor Relationship to Patient *
Jane Smith	123-44-5666	Self

**Dependents**

1 Next

Figure 21: Complete Form step, and Next button at the bottom

### Step 2: Select Supporting Documentation Process

In the second step, you will choose how you would like to submit your documentation. If you choose to submit it electronically, you may upload documents here.

This step is identical to the same step in the full Patient Portal experience. For details on how to navigate this step, see [Step 2: Select Supporting Documentation Preference](#) on page 14 of this document.

### Step 3: Terms of Use & Privacy Policy

In step 3, you will be asked to accept the terms of use and privacy policy. Click on the link (Figure 22, #1) to review the document, then check the box (#2) to confirm your acceptance.

**Note:** If you do not accept the terms of use and privacy policy, you will be unable to process your application through fae.

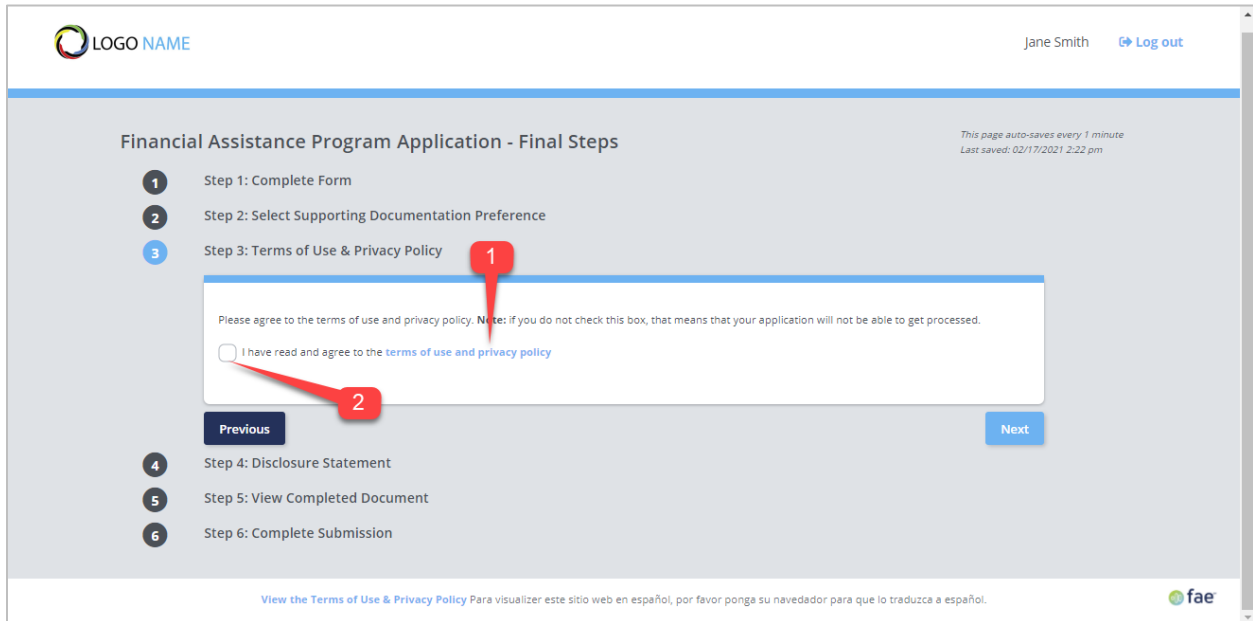


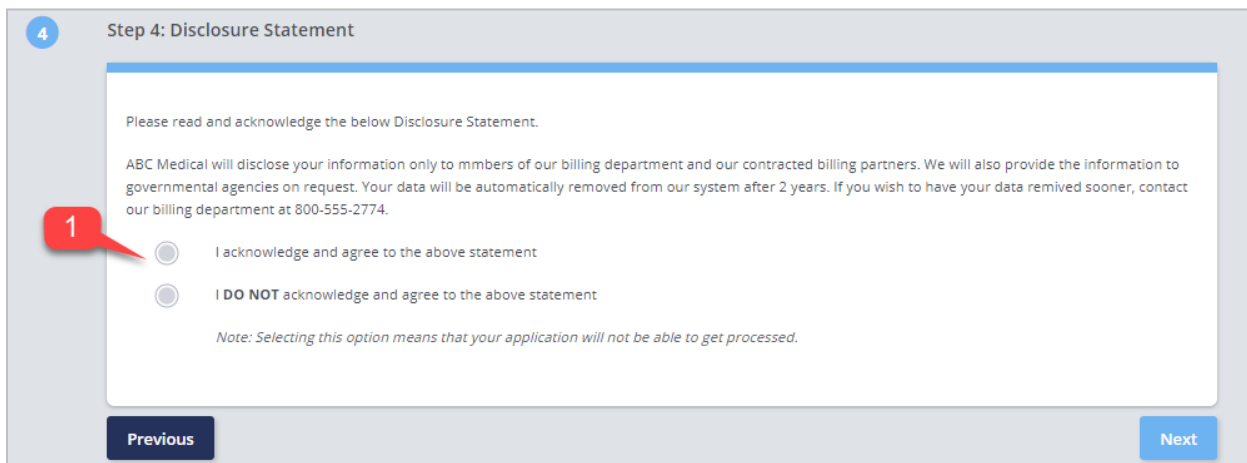
Figure 22: Terms of Use & Privacy Policy

Once accepted, click Next to continue.

### Step 4: Disclosure Statement

In step 4, you will be asked to review the information disclosure statement provided by your medical provider. Please accept or deny the statement (Figure 23, #1)

**Note:** If you do not accept the disclosure statement, you will be unable to process your application through fae.



**4 Step 4: Disclosure Statement**

Please read and acknowledge the below Disclosure Statement.

ABC Medical will disclose your information only to members of our billing department and our contracted billing partners. We will also provide the information to governmental agencies on request. Your data will be automatically removed from our system after 2 years. If you wish to have your data removed sooner, contact our billing department at 800-555-2774.

**1** ☐ I acknowledge and agree to the above statement

☐ I **DO NOT** acknowledge and agree to the above statement

*Note: Selecting this option means that your application will not be able to get processed.*

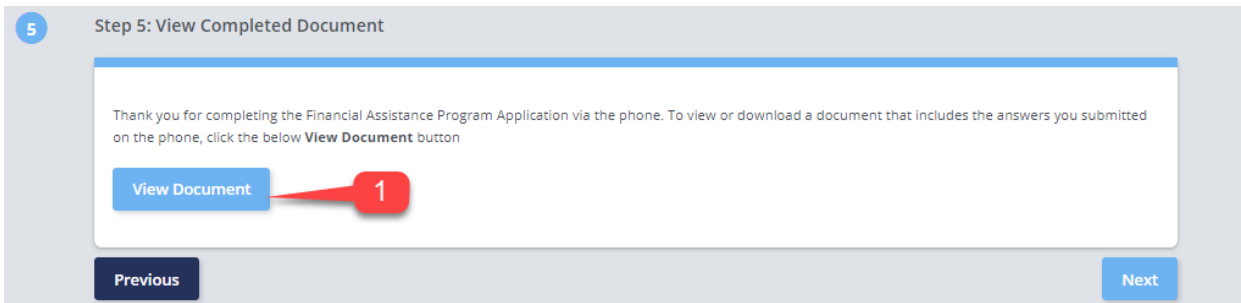
[Previous](#) [Next](#)

Figure 23: Disclosure Statement

Once accepted, click Next to continue.

### Step 5: View Completed Document

In step 5, you can see the PDF of your application with all information added, as it will be sent to your provider. Click View Document (Figure 24, #1) to open. You may also save a copy of the document for your records.



**5 Step 5: View Completed Document**

Thank you for completing the Financial Assistance Program Application via the phone. To view or download a document that includes the answers you submitted on the phone, click the below **View Document** button

[View Document](#) **1**

[Previous](#) [Next](#)

Figure 24: View Completed Document

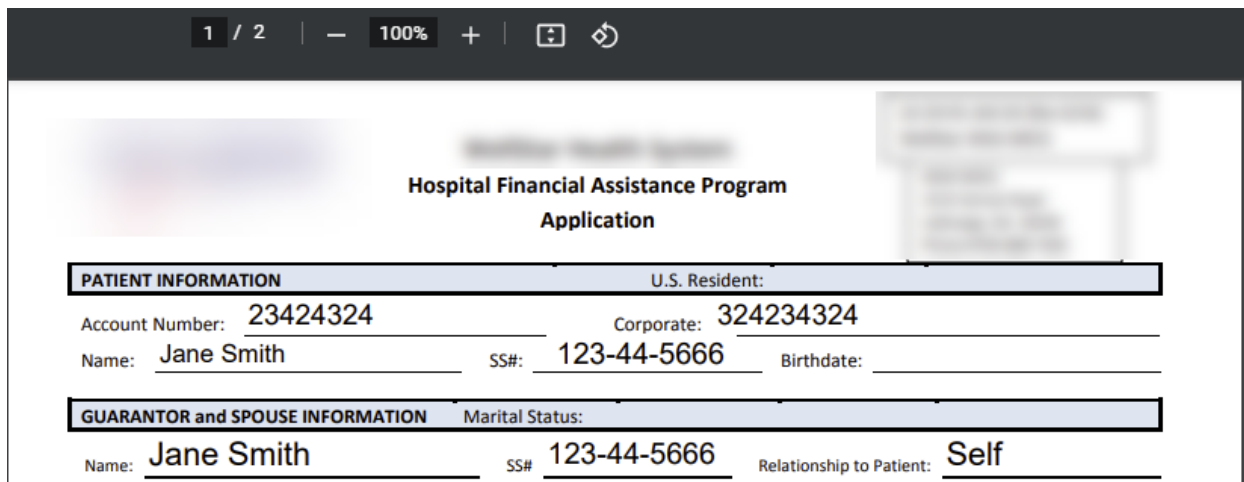


Figure 25: PDF document view

This step is optional, for your convenience, and has no action items. Proceed to step 6 by clicking Next when ready.

### Step 6: Complete Submission

Once you are done with all other steps, you only need to click Submit (Figure 26, #1) to complete your application.

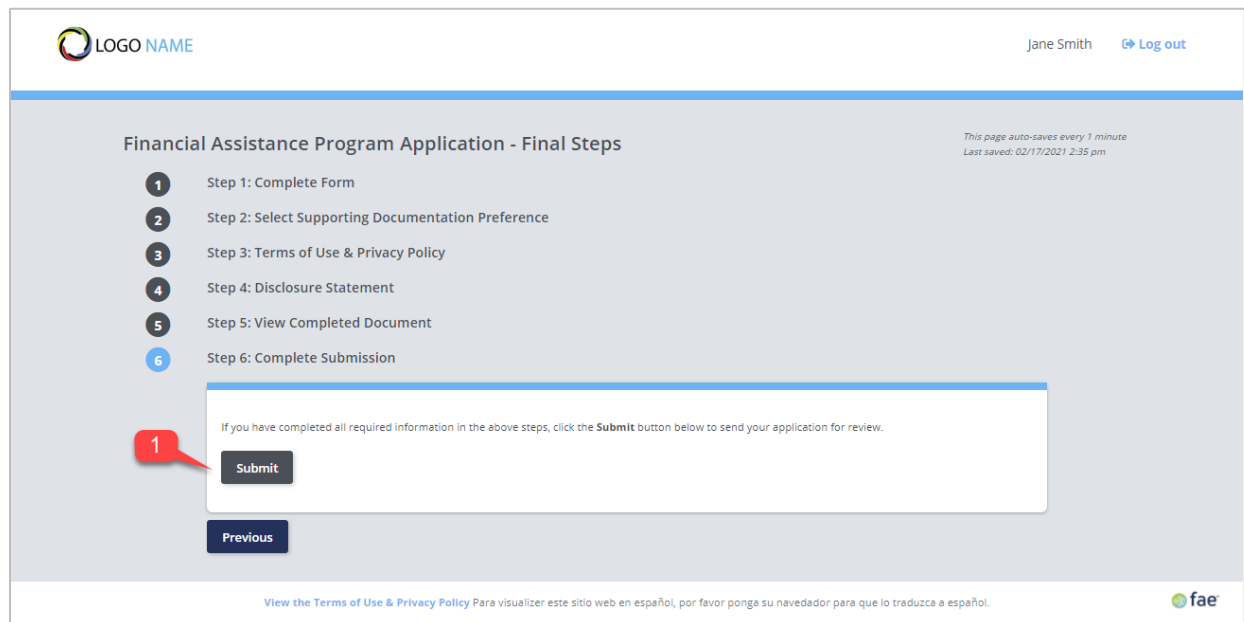


Figure 26: Complete Submission

When you click submit, you will see the confirmation message below, and your application will enter the representative review queue. You will no longer be able to edit, and your token will no longer grant access to the system unless additional information is requested.

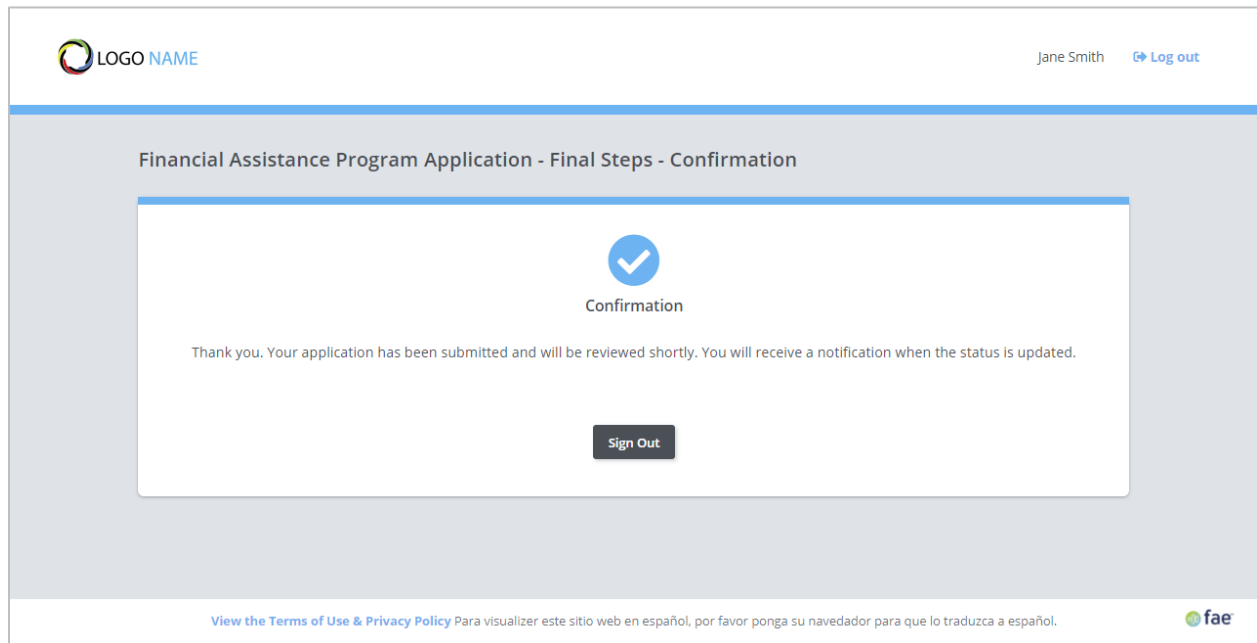


Figure 27: Submission confirmation



## Notifications

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As you work within fae, you will receive certain notifications from the system regarding the status of your application. This section will review the major notifications you may see. All notifications will indicate that they are coming from fae. For your security, the text of the notifications is included. Note that any text below that is surrounded by square brackets [ ] will be replaced in the actual notification text with the relevant information for your application.

### IVR-Specific Notifications

Two notifications will only be received by patients who utilize the IVR.

#### IVR Disconnect

If you call into the IVR but disconnect anywhere during the application completion process, you will receive a notification shortly after the call is disconnected. This is only a reminder that your application is not complete, and that you will not have to start over when you call back in.

If you have not completed the identification process, you will not receive this notification.

**English text:** Thank you for using fae. For your information: You started your Financial Assistance Program Application for [Hospital Name] but did not finish. You can call back in at [IVR Phone Number] and pick up from where you last left off. You will not need to start from the beginning.

**Spanish text:** Gracias por usar fae. Para su informacion: Usted comenzo el proceso para la Aplicación de Asistencia Financiera para [Nombre de cliente] pero no finalizo. Puede regresar llamada al [numero de cliente] y comenzar donde habia finalizado anteriormente. Usted no tendra que comenzar todo nuevamente.

#### IVR Final Steps Token

If the IVR system informs you that supporting documentation is needed, you will receive this notification shortly after your call finishes. The text will include a link to the Patient Portal site, as well as an access token. The access token will be nine alphanumeric characters separated by dashes, in the following format:

ABC-D12-34E

The token may be any combination of letters and numbers. Note that the token generation process uses both 0 (the number zero) and O (the letter O), so be careful when entering your token on the site.

**English text:** Thank you for using fae and for completing the initial portion of the Financial Assistance Application process. Supporting documentation is needed along with reviewing the Disclosure and Terms of Use / Privacy Policy Statements. In addition, you can download a document with your application's answers. For more details, please visit the following website: [Portal URL]. From the Login screen, enter the following unique token: [Unique Token]

**Spanish text:** Gracias por usar fae y por completar la parte inicial del proceso de la Aplicación de Asistencia Financiera. Se necesitan documentos de soporte al igual que aceptar los terminos de uso y de No Divulgacion de informacion. Tambien, puede descargar la aplicación con sus respuestas. Para mas detalles por favor vitie el siguiente sitio web [URL] En la pantalla de inicio necesitara digitar la clave unica [Clave unica]

## Notifications for All Patients

### Inactivity

If your application has not been submitted and has not been updated in a few days, you may receive a reminder notification. If you receive this notification, please consider completing and submitting your application as soon as it is convenient. The notification will include information about how to access your application.

*If you completed your application via the Patient Portal:*

**English text:** Thank you for using fae. For your information: Your Financial Assistance Program Application is not yet complete, and you have not made any updates to it in the past [# of days] days. Please complete and submit your application at your earliest convenience. To do so, please log into your account at [Patient Portal URL]. Once logged in, open the applicable application complete it.

**Spanish text:** Gracias por usar fae. Su Aplicación de Asistencia Financiera no esta completa y no ha hecho actualizaciones en los ultimos [numero] dias. Por favor complete y envíe su aplicación cuando estime conveniente. Por favor ingrese a su cuenta en [URL] Una vez que entre abra la aplicación y complete.

*If you completed your application via the IVR:*

**English text:** Thank you for using fae. Your Financial Assistance Application is not complete and there are no updates in the past [# of days] days. Please complete and submit at your earliest convenience. To do so, please call back to [IVR Phone Number]. You will only need to complete the questions you didn't get to previously.

**Spanish text:** Gracias por usar fae. Su Aplicación de Asistencia Financiera no esta completa y no ha hecho actualizaciones en los ultimos [numero] dias. Por favor complete y envíe su aplicación cuando estime conveniente. Para hacerlo, por favor

regrese llamanda al numero [Numero de cliente]. Solamente necesitara completar las preguntas que no contesto anteriormente.

### Expiration Date Approaching

You will receive a notification if you have not submitted your application and it is within a few days of the expiration date. If you receive this notification, please complete your application as soon as possible to avoid having to start over from the beginning. The notification will include information about how to access your application.

*If you completed your application via the Patient Portal:*

**English text:** Thank you for using fae. Your Financial Assistant Application will expire on [MM/DD/YYYY]. Please complete and submit your application prior to this date. To complete, please log into your account at [Patient Portal URL]. Once logged in, open the application and complete.

**Spanish text:** Gracias por usar fae. Su Aplicación de Asistencia Financiera expirara [MM/DD/YYYY] Por favor complete y envíe su aplicación previa a esta fecha. Para completar, por favor entre a su cuenta en [URL] Una vez que entre abra la aplicación y completela.

*If you completed your application via the IVR:*

**English text:** Thank you for using fae. Your Financial Assistance Application will expire on [MM/DD/YYYY]. Please complete and submit your application prior to this date. To complete, please call back on [IVR Phone Number]. You will be asked to complete the question(s) not previously answered.

**Spanish text:** Gracias por usar fae. Su Aplicación de Asistencia Financiera expirara [MM/DD/YYYY] Por favor complete y envíe su aplicación previa a esta fecha. Para completar, por favor llame al numero [Numero de cliente] Se le pedira completar algunas preguntas que no habia contestado anteriormente.

### Additional Information Needed

After a representative reviews your application, you may receive one of three notifications if additional information is needed. The notification will include one of the following three action items:

1. There is at least one question needing review.
2. Supporting documentation is needed.
3. We reviewed your Financial Assistance Application and noticed you did not acknowledge the Disclosure and/or the Terms of Use / Privacy Policy at the bottom of the application.

If you receive any of these notifications, please follow the instructions within the notification to return to your application and provide the requested information.

### *Questions Needing Review*

If the notification is for questions needing review, you will only need to focus on the questions specified by the representative.

- If you access your application via the website, the questions specified will be indicated at the top of the application
- If you call back into the IVR, the system will only ask you the necessary questions.

*If you completed your application via the Patient Portal:*

**English text:** Thank you for using fae. We reviewed your Financial Assistance Application. There is at least one question needing review. Please log into your account at [Patient Portal URL]. Once logged in, open the application and address the highlighted questions. Please Note: The entire form does not need to be completed, only the highlighted question(s).

**Spanish text:** Gracias por usar fae. Hemos revisado su Aplicación de Asistencia financiera. Hay por lo menos una pregunta que necesitamos revisar. Por favor entre a su cuenta en [URL]. Una vez ahí, abra la aplicación y dirígase a las preguntas resaltadas. Por favor tome nota, toda la aplicación no necesita ser completada nuevamente, Solamente las preguntas resaltadas.

*If you completed your application via the IVR:*

**English text:** Thank you for using fae. We reviewed your Financial Assistance Application. There is at least one question needing review. Please dial [IVR Phone Number]. After identifying yourself, we will ask the question(s) needing review. Please note, not all questions need to be addressed, only question(s) needing review.

**Spanish text:** Gracias por usar fae. Hemos revisado su Aplicación de Asistencia financiera. Hay por lo menos una pregunta que necesitamos revisar. Por favor Digite [Numero IV]. Despues de identificarse, le haremos las preguntas que necesitan revision. Por favor tomar nota, no todas las preguntas necesitan ser contestadas nuevamente. Solo las preguntas que necesitan revision.

### *Missing Supporting Documentation*

For this request, you will need to access the website. If you had previously called into the IVR, your notification will include a token. This will be the same token as you previously used and will allow access to your application until it is resubmitted.

*If you completed your application via the Patient Portal:*

**English text:** Thank you for using fae. We reviewed your Financial Assistance Application. Supporting documentation is needed. Please log into your account at [Patient Portal URL]. Once logged in, open the application and view the support text in the Supporting Documentation step and identify which document(s) need uploading.

**Spanish text:** Gracias por usar fae. Hemos revisado su Aplicación de Asistencia Financiera. Necesitamos algunos documentos de soporte. Por favor entre a su cuenta

en [URL]. Una vez que entre abra la aplicación y revise donde indica documentos de soporte e identifique que documentos necesitara enviar.

*If you completed your application via the IVR:*

**English text:** Thank you for using fae. We reviewed your Financial Assistance Application. Supporting documentation is needed. Please visit the following website: [Patient Portal URL]. From the login screen, enter the following unique token: [Unique token]. Once logged in, follow the instructions to upload the necessary documentation.

**Spanish text:** Gracias por usar fae. Hemos revisado su Aplicación de Asistencia Financiera. Necesitamos algunos documentos de soporte. Por favor entre a su cuenta en [URL]. Una vez que entre abra la aplicación y revise donde indica documentos de soporte e identifique que documentos necesitara enviar.

#### *Patient Did Not Acknowledge Terms or Disclosure*

For this request, you will need to access the website. If you had previously called into the IVR, your notification will include a token. This will be the same token as you previously used and will allow access to your application until it is resubmitted.

*Patient Portal version:*

**English text:** Thank you for using fae. We reviewed your Financial Assistance Application and noticed you did not acknowledge the Disclosure and/or the Terms of Use / Privacy Policy at the bottom of the application. To acknowledge, please log into your account at [Patient Portal URL]. Once logged in, open the application and view the statements. Please select the option signifying you acknowledge the statements. Your application will not be submitted if you don't acknowledge the statements.

**Spanish text:** Gracias por usar fae. Hemos revisado su Aplicación de Asistencia Financiera y hemos notado que no acepto los terminos de uso y de no divulgacion de informacion/ politica de privacidad al final de la aplicación. Para aceptar por favor entre a su cuenta en [URL]. Una vez que entre abra la aplicación y revise terminos. Por favor seleccione la opcion que acepta los terminos. Su aplicación no sera procesada si usted no acepta los terminos.

*If you completed your application via the IVR:*

**English text:** Thank you for using fae. We reviewed your Financial Assistance Application and noticed you did not acknowledge the Disclosure and/or the Terms of Use / Privacy Policy at the bottom of the application. To acknowledge, please visit the following website [Patient Portal URL]. From the login screen, enter the following token: [unique token]. Once logged in, follow the instructions, on the screen, to acknowledge the statements. Your application will not be submitted if you don't acknowledge the statements.

**Spanish text:** Gracias por usar fae. Hemos revisado su Aplicación de Asistencia Financiera y hemos notado que no acepto los terminos de uso y de no divulgacion de informacion/ politica de privacidad al final de la aplicación. Para aceptar por favor visite

el siguiente sitio web [web de cliente]. En la pantalla de inicio, entre la clave unica [clave unica]. Unavez que entre, siga las instrucciones en la pantalla para aceptar los terminos. Su aplicación no sera procesada si no acepta los terminos de uso.

### Application Complete

The last notification any user will see is the completion notification. This notification informs you that your application has been completed. It will be submitted to your medical provider, and any further action will be addressed directly with them. No further action is needed on your part.

**English text:** Thank you for using fae. Your Financial Assistance Application for [Name of Hospital] is now complete.

**Spanish text:** Gracias por usar fae. Su aplicación de Asistencia Financiera para [Nombre del Cliente] esta completa