



Provider Portal

Sonexus

ONLINE PORTAL REGISTRATION

- Office Staff user **registration process**
- Associate & verify providers to your account

SONXTRA SUPPORT

Important Safety Information

Prescribing Information

Medication Guide

DASHBOARD

PATIENTS

SECURE MESSAGE CENTER

MANAGE PRESCRIBERS

MY ACCOUNT


FORMS & RESOURCES

MY DASHBOARD

Getting Started...

Search for providers to associate with your account and view their patient lists.


1



ASSOCIATE PRESCRIBERS WITH YOUR ACCOUNT

Search for providers to associate with your account and view their patient lists.


2



VERIFY PRESCRIBERS

Verify your providers through a secure fax number we have on file. If no fax number is available you can download a verification document to be submitted.

3



VIEW YOUR DASHBOARD

Your Dashboard will show the next best action to take to assist patients with their journeys.

CONTINUE

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CONTACT SONXTRA

MONDAY THROUGH FRIDAY, 8:00 AM TO 8:00 PM ET.

PHONE: 1-888-555-1212

FAX: 55724021121

Alerts

WELCOME TO THE SONXTRA HCP PORTAL!

LOREM IPSUM DOLOR SIT AMET, CONSECUTUR ADIPISCING ELIT, SET DO ELUSMOD TEMPOR INCIDENTUT UT LABORE ET DOLORE MAGNA ALIQUA.

SONXTRA SUPPORT

Important Safety Information

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FORMS & RESOURCES

SUPPORTING PATIENTS THROUGH THEIR TREATMENT JOURNEY

Use this Healthcare Provider (HCP) Portal to:

Enroll patients in Sonxtra Assistance

Run electronic benefits investigations

Communicate with the Sonxtra Assistance support team

Check patient status

Sign up for the Sonxtra Healthcare Provider Portal

First name*

Last name*

EMAIL ADDRESS

EMAIL ADDRESS

Office phone*

Ext.

YOUR ROLE*

Select One

Remember Me

SIGN UP

Already have an account? Login

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CONTACT SONXTRA

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NEXT BEST ACTION FOR PATIENT

- **Enroll** new patient
- Perform electronic **benefits investigation**
- Bulk **re-enrollment** in Patient Assistance Program

MY DASHBOARD

ENROLL NEW PATIENT


RE-ENROLL ALL IN PAP

NEW FILTER

+

SAVED FILTER

X

SONXTRA  SUPPORT

Run Benefits Investigation


[View List](#)

Q

SEARCH PATIENTS BY FIRST NAME, LAST NAME OR DOB (FORMAT MUST BE MM/DD/YYYY)

Action Required (12)


Showing 1-8 of 12 items




Barbie Doll

07/28/1972

Run Benefits Investigation


SONXTRA  SUPPORT




Patty Cake

04/03/1989

Run Benefits Investigation


SONXTRA  SUPPORT




Johnny Apple

04/16/1996

Run Benefits Investigation


SONXTRA  SUPPORT




Paul Onion

10/14/1966

Run Benefits Investigation


SONXTRA  SUPPORT




Shirley Temple

10/16/1964

Run Benefits Investigation


SONXTRA  SUPPORT



Polly Pocket

03/13/1989

Run Benefits Investigation

SONXTRA  SUPPORT

ENROLL NEW PATIENT

- Seamless **e-Enrollment** of patients into program
- Obtain patient & HCP **consents**

ENROLL NEW PATIENT

1 SELECT PRODUCT

2 PATIENT INFORMATION

3 CONTACT INFORMATION

4 SELECT PRESCRIBER

5 SELECT DIAGNOSIS

6 PATIENT AUTHORIZATION

7 HCP HIPAA CONSENT & TCPA ATTESTATION

Required*

×

Select Product

Select the Product to enroll patient into services.

SONXTRA SUPPORT

Select One

> Save & Quit Process

NEXT

PERFORM BENEFITS INVESTIGATION

- Check for **Medical & Pharma** insurance

BENEFITS INVESTIGATION

1 ENTER INFORMATION

2 INSURANCE RESULTS

3 PATIENT AUTHORIZATION

SONXTRA SUPPORT

PATIENT INFORMATION

John Deer

11/17/1965

(817) 111-2222

This platform integrates with third-party medical payers & pharmacy benefit managers (PBMs) to pull real-time, patient-specific benefit information.

Enter the required information below to get started.

Select Medication*

SonexMed® 1mg

Select Payer*

ENTER PAYER NAME

Enter Member ID*

ENTER

☐ Patient does not have medical insurance

Required*

Save & Quit Process

NEXT

BENEFITS INVESTIGATION

1 ENTER INFORMATION

2 INSURANCE RESULTS

3 PATIENT AUTHORIZATION

SONXTRA SUPPORT

PATIENT INFORMATION

John Deer

11/17/1965

(817) 111-2222

Medical Insurance

We found the following information based on the insurance information you entered.

INSURANCE TYPE	Primary Medical	PLAN STATUS	Active
INSURANCE	AETNA INC - Open POS Plus	PLAN NAME	Open POS Plus
PLAN TYPE		GROUP NAME	AAA BB LLC
GROUP #	1111111111111111	POLICY ID#	0000000000
PLAN #	1111111		


Pharmacy Insurance

Select the patient's primary Pharmacy insurance plan from the list below.

If the Pharmacy insurance information below is incorrect or unavailable, [click here](#) to manually enter the Pharmacy insurance information and a case manager will contact you to assist.

INSURANCE TYPE	Select Insurance		
INSURANCE	PBMX - NEW-MEX-R6	PLAN STATUS	Active
TERMINATION DATE	30/12/2099	EFFECTIVE DATE	31/07/2017
POLICY ID#	R6-21334	GROUP #	GWR6
RX BIN #	001336	RX PCN #	G7-WR6
POLICY HOLDER NAME		RELATIONSHIP TO INSURED	Self

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PATIENT DETAILS & SUPPORT SERVICES

- View **patient details**
- Enroll patient in **support services**
- **Configurable** services per program

CO-PAY SAVINGS PROGRAM

1

CONSENT

2

SELECT OPTIONS

3

CO-PAY CARD TERMS AND CONDITIONS

SONXTRA SUPPORT

PATIENT INFORMATION

Patty Cake

04/03/1989

(817) 789-9988

SonXtra® CO-PAY SAVINGS PROGRAM ELIGIBLE, COMMERCIALY INSURED PATIENTS:

• Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Please see Terms and Conditions on the left.

• Vulputate enim nulla aliquet porttitor lacus luctus. Sed elementum tempus egestas sed sed risus. Sed elementum tempus egestas sed sed risus.

ENROLL IN THE VOUCHER PROGRAM

1

SELECT PRESCRIBER

2

PRESCRIPTION

3

VOUCHER TERMS AND CONDITIONS

Required*

SONXTRA SUPPORT

PATIENT INFORMATION

Patty Cake

04/03/1989

(817) 789-9988

Patient is eligible for a one-time, 30-day supply of SonexMed.

If you need to submit a prescription for the patient, you can submit the prescription electronically using the information below.

If you have questions, please contact the SonXtra Assistance HUB support at 1-888-555-1212.

SHPS e-Prescribe NCPDP. 5910206/NPI: 1447680210 Sonexus Health Pharmacy Services

Save & Quit Process

BACK

SAVE & SUBMIT VOUCHER

Patty Cake

To edit additional patient information, please call 1-888-555-1212

Edit

DOB

04/07/1989

GENDER

F

PHONE NUMBER

817-111-2222

EMAIL ADDRESS

fake@fake.com

View All Patient Information

SONXTRA SUPPORT

ACTIONS

Benefits Investigation

Determine benefit, coverage requirements, and coding guidance.

RUN AGAIN

Interim Care Program

Initiate the application process for patients who may be eligible for the Interim Care program.

APPLY

Voucher Program

Apply for a one-time, 30-day supply of the prescribed medication for the patient.

APPLY

Co-pay Card

Reduce eligible patient's out-of-pocket costs using a manufacturer co-pay card.

APPLY

PATIENT RESULTS

IN PROGRESS

Benefits Investigation

Last Updated 04/07/2023

NOT RECEIVED

Patient Signature

Last Updated

6

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PATIENTS LIST

- View **patients enrolled** in program
- Track **patient status**

PATIENTS

ENROLL NEW PATIENT

35

PATIENTS ENROLLED

12


PATIENTS NEEDING ACTION

Q


SEARCH PATIENTS BY FIRST NAME, LAST NAME OR DOB (FORMAT MUST BE MM/DD/YYYY)

T


A

Patient Name	DOB	Status	Prescriber
Activeplan, Bunny	01/04/1989	Pending Benefits Investigation	Doe, John
SONXTRA  SUPPORT			

B

Patient Name	DOB	Status	Prescriber
Apple, Johnny	04/16/1996	Prior Authorization In Progress	Doe, John
SONXTRA  SUPPORT			

C

Patient Name	DOB	Status	Prescriber
Boop, Betty	10/10/1965	Patient Assistance Approved	Doe, John
SONXTRA  SUPPORT			

A-Z

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V


FORMS & RESOURCES

- Store compliance approved **forms & documents**
- **View & Download**

SONXTRA FORMS AND RESOURCES


[ENROLL NEW PATIENT](#)


FILTER Sonextra Assistance



SonXtra Patient Assistance Program Application


Complete, print, and mail or fax to help patients apply for the SonXtra Patient Assistance Program.

[Download](#) SONXTRA  SUPPORT



Sample Letter Of Medical Necessity

Example letter when requesting coverage from patients insurance providers.

[Download](#) SONXTRA  SUPPORT

SECURE MESSAGE CENTER

- **Communicate** with the program support team through the secure message center
- Include **attachments** in your message



COMPOSE NEW SECURE MESSAGE

Program:

To:

Subject:

Patient:

Message:

Add Attachment

SEND

SONXTRA SUPPORT

[Important Safety Information](#) | [Prescribing Information](#) | [Medication Guide](#)

- DASHBOARD
- PATIENTS
- > SECURE MESSAGE CENTER
- MANAGE PRESCRIBERS
- MY ACCOUNT
- FORMS & RESOURCES
- LOGOUT

SECURE MESSAGE CENTER

COMPOSE

> Inbox

Sent

Date	Subject	Program	
No Messages			