

PATIENT ADVOCATE FLOW CHART

PPS Completed (Cancer Drop Down Personal + 3 Family, Please verify PRIMARY INSURANCE PLAN)

STEP 2



Phase I - Dialer Outbound by Patient Advocate, Creates Opportunity! (Not a Sale. Put Your Wallet Away)

STEP 1

P.A. gets email of Kit Shipment confirmed with tracking #s, will monitor to ensure Kit arrives and test completed if needed to do while on call together.

STEP 8

CRM Evaluation (Patient Approval
Process Screen)

IF Green or Yellow, Confirm sending to
Help Desk for Benefit
Coverage verification & that you will
call back within 24-48 hrs.

STEP 3

Phase II will eliminate Steps 4 & 5 and Step 3 will now be a transfers to Compliance Team Step 6.

Compliance Dept Confirms PPS and xfer to Tele-Med Dr.

STEP 7

Interim Help Desk in Rochester
will confirm Primary Ins
& Determine if Co-Pay depending
on Ins Benefit Coverage.

STEP 4



Rochester Help Desk Emails
Patient Advocate of Status & Direction
of Call Back to Patient confirming
Benefit covered or Co-Pay required.

STEP 5



Patient Advocate makes C/B to
Patient, verifies status
and xfer to Compliance Team
between hours 11am-8pm EDT M-F,
Sat-TBD. PH # 1-855-339-2798, Opt 1
(Announce that you are w/ MH w/a
cancer screening patient verification.)

STEP 6