

OMIDRIAssure.com User Guide

Welcome to the OMIDRIAssure™ Provider e-Portal. This guide is designed to provide you with the information you need to maximize the benefits of the OMIDRIAssure website. Specifically, you will find detailed information about different support, features, and tips and tricks available 24 hours a day, 7 days a week. Our website specialists are available Monday through Friday from 9 AM to 6 PM ET to answer any questions and can be reached by calling 1-877-OMIDRIA (1-877-664-3742).

This guide provides detailed information for the following features and services:

Definitions

Common definitions found throughout the e-Portal

Registration

See step-by-step instructions for registering on the e-Portal. Once registered, you will be able to submit requests electronically for Benefits Investigation, Eligibility Checks, “We Pay the Difference” Commercial Reimbursement Program, Prior Authorizations, Claims Assistance, and other reimbursement questions. You will also be able to check the status of a request, view your patient’s specific research results, and manage your patient, provider, and facility profiles.

Logging In

To ensure the privacy of your information and your patient’s data, we require registered users to log in to view and manage information and submit requests. In this section, you will find instructions for logging in to the e-Portal once you have registered.

Managing Your Account

In addition to submitting requests online, you can create and manage profiles of patients, providers, and facilities. Once you add a patient, provider, or facility to your profile, you can easily add them to your requests with just a few clicks instead of reentering the information each time. You can also change your personal information or password anytime you choose.

Completing an Online Patient Enrollment

Follow step-by-step instructions listed below for enrolling a patient to the e-Portal. Click on Enroll a patient button or Online forms to be directed to Patient Enrollment form.

- Step 1: Select a New Patient to Enroll
- Step 2: Enter all Patient Demographic Information
- Step 3: Enter all required Patient Insurance Information (2 options)
- Step 4: Enter all required Physician Information
- Step 5: Review your selections and upload documents if required and Submit the Form
- Step 6: View Patient Enrollment Confirmation

Patient List

View all enrolled patients in the OMIDRIAssure Program.

Program Alerts, Message Center, and Questions

The last sections of the guide provide information on additional components of the e-Portal

Definitions

Below are common definitions found throughout the OMIDRIAssure Provider e-Portal

- **RSL – Reimbursement Service Level:** When a patient has been enrolled in the OMIDRIAssure program, the patient will have an identifier of “RSL” under the “service” column in the patient list. In some places on the e-Portal, RSL is referred to as a “Program” rather than a “Service Category.”
- **Copay – Copay Service Category:** When an EOB has been submitted for a patient to determine eligibility for the “We Pay the Difference” Commercial Reimbursement Program, the patient will have an identifier of “Copay” under the “service” category in the patient list. Note that patients who previously had a service identifier of “RSL” will change to “Copay” once an EOB has been submitted. In some places on the e-Portal, Copay is referred to as a “Program” rather than a “Service Category.”
- **PAP: PAP Service Category:** When an “Equal Access Patient Certification Fax Form” has been submitted to the OMIDRIAssure fax line and accepted for eligibility validation, an additional line for the patient will show with a service category of PAP.
- **Insurance Verification (IV):** Also known as Benefits Verification; occurs when insurance benefits are researched for a patient’s date of surgery and procedure.

Registration

Registering on the e-Portal is easy. Step-by-step instructions for registering on the e-Portal are presented below. Once registered, you will be able to submit requests for Benefits Verification, Eligibility Checks, Prior Authorization Assistance, Claims Assistance, and reimbursement through the “We Pay the Difference” Commercial Reimbursement Program. You will also be able to check the status of a request, view your patient’s specific research results, and manage your patient, provider, and facility profiles.

To Register for the Provider Portal:

Go to www.OMIDRIAssure.com and save it in your favorites of your web browser. Select the “Register Now” button on the left of the e-Portal homepage. This will take you to the “Registration Information” page.

Please scroll down for important Prescribing and Safety Information

OMIDRIAssure™
COVERAGE WITH CONFIDENCE

FOR US ONLY - HEALTH CARE PROFESSIONALS ONLY

Home **Registration** Program Tools Customer Support

User Name: _____ Password: _____ LOGIN

Please protect the confidentiality of your patients by not revealing or sharing login credentials.
Register Now | Forgot User Name | Forgot Password | Change Password

Welcome to the OMIDRIAssure™ e-Portal
Now you can provide the benefits of
OMIDRIA® (phenylephrine and ketorolac injection) 1% / 0.3%
...without worrying about coverage
and reimbursement

If you are not already registered, please click **Register Now**

- Log in to enroll a patient in OMIDRIAssure
- Click on Program Tools for helpful downloads.

OMIDRIAssure e-Portal has many tools and features to help you assist your patients in the reimbursement process, including:

- “Smart online enrollment” — registering on the portal automatically pre-populates patient enrollment forms with your physician and facility information
- Real-time status on coverage and reimbursement for each of your enrolled patients
- Secure messaging

Now you can provide the benefits of OMIDRIA...
without worrying about coverage and reimbursement

- LIVE ASSISTANCE INFORMATION HOTLINE**
Personalized help with reimbursement services related to OMIDRIA.
- “WE PAY THE DIFFERENCE” COMMERCIAL REIMBURSEMENT PROGRAM***
Assistance for patients with insufficient commercial insurance
- “EQUAL ACCESS” PATIENT ASSISTANCE PROGRAM**
Assistance for financially eligible uninsured or government-insured patients.

IMPORTANT SAFETY INFORMATION

OMIDRIA must be added to irrigation solution prior to intraocular use.
OMIDRIA is contraindicated in patients with a known hypersensitivity to any of its ingredients.
Systemic exposure of phenylephrine may cause elevations in blood pressure.
Use OMIDRIA with caution in individuals who have previously exhibited sensitivities to acetylsalicylic acid, phenylacetic acid derivatives, and other non-steroidal anti-inflammatory drugs (NSAIDs), or have a past medical history of asthma.
The most commonly reported adverse reactions at 2-24% are eye irritation, posterior capsule opacification, increased intraocular pressure, and anterior chamber inflammation.
Use of OMIDRIA in children has not been established.
Please see the Full Prescribing Information for OMIDRIA at www.omidria.com/prescribinginformation.
You are encouraged to report Suspected Adverse Reactions to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

INDICATIONS AND USAGE

OMIDRIA is added to ophthalmic irrigation solution used during cataract surgery or intraocular lens replacement and is indicated for maintaining pupil size by preventing intraoperative miosis and reducing postoperative ocular pain.

*Omeros will pay your facility, on behalf of your patient, the difference between your facility's acquisition cost for OMIDRIA and the amount covered by your patient's insurance (as a 50 percent responsibility). The “We Pay the Difference” Commercial Reimbursement Program cannot be used to offset a patient's health insurance premiums or annual health insurance deductible amounts.

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Last updated October 2015

User Registration Page:

Fill in the required fields with information on the provider and facility (office). Some fields have “drop-down” menus. You have the option of providing contact information for a second person at your facility under “Alternate Contact Information.” **(Please note:** the “Alternate Contact” will not receive any of the routine e-Portal communications; he/she will only be contacted if the main contact can’t be reached by the OMIDRIAssure Web Support Team. Additionally, the Alternate Contact is not automatically registered to the e-Portal. The Alternate Contact should register separately online if he/she wishes to review e-Portal information or receive related communications.

User Registration

*Fields in BLUE are required

Your Contact Information

Please provide the following information about yourself.

*Registrant's Contact Type:	Select One ▾
*First Name:	<input type="text"/>
*Last Name:	<input type="text"/>
*Email Address:	<input type="text"/>
*Confirm Email Address:	<input type="text"/>
*Phone Number:	<input type="text"/>
Phone Extension:	<input type="text"/>
Best time to Contact:	<input type="text"/>

Your Office Information

Please provide the following information about your office.

*Office Name:	<input type="text"/>
*Street Address:	<input type="text"/>
Suite/Bldg #:	<input type="text"/>
*City:	<input type="text"/>
*State:	Select One ▾
*Zip Code:	<input type="text"/>
*Phone Number:	<input type="text"/>
Phone Extension:	<input type="text"/>
*Fax Number:	<input type="text"/>

Alternate Contact Information

As an option, you can provide the following information for an alternate person we can call to complete the online registration.

Contact Type:	Select One ▾
*First Name:	<input type="text"/>
*Last Name:	<input type="text"/>
*Email Address:	<input type="text"/>
*Confirm Email Address:	<input type="text"/>
*Phone Number:	<input type="text"/>
Phone Extension:	<input type="text"/>
Best Time to Contact:	<input type="text"/>

User Registration Continued:

Next Step Post User Registration: Within 1-2 days of your initial registration, the OMIDRIAssure Web Support Team will validate your account via phone call. (If you are an Additional Contact for a site/facility, they will confirm that you should be connected to the site/facility requested in the registration process.) Once the validation call is complete, you will receive an email at the email address used during the registration process. The final step in the registration process is to establish a user name and password by following the directions in the email (example below).

Welcome!

Your account for the OMIDRIAssure e-portal has been validated. As the final step in your registration process, you must establish your user name and password. You can do this by using the following options:

OPTION 1

[Click Here to Establish a User Name and Password](#)

If, for any reason, you are unable to use Option 1, then try Option 2.

OPTION 2

Before clicking the link below, copy the following invitation code:

Invitation Code: <InviteCode>.

Then:

[Click Here to Use the Invitation Code to Establish a User Name and Password](#)

If your browser fails to work using either Options 1 or 2, use Option 3.

OPTION 3

Copy and paste the following link into your web browser:

<RegistrationLink>?InviteCode=<InviteCode>

If you need technical assistance, please contact the OMIDRIAssure Website Support Team at <Support Phone Number>.

Thank you –

The OMIDRIAssure Team

Logging In

Once you have registered on the e-Portal and created a user name and password, you can easily log in to your account from the OMIDRIAssure homepage. Logging in is required to ensure the privacy of your information and your patients' data. To log in to the e-Portal, enter your user name and password in the blue bar near the top of the OMIDRIAssure home page. (See below.)

When you are logged in to the e-Portal, you can manage your account, enroll patients in the OMIDRIAssure program, view patient information, access the secure message center, and view the status of pending requests.

Please scroll down for important Prescribing and Safety Information

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FOR US HEALTHCARE PROFESSIONALS ONLY

Home | Registration | Program Tools | Customer Support

User Name Password LOGIN

Please protect the confidentiality of your patients by not revealing or sharing login credentials.
Register Now | Forgot Username | Forgot Password | Change Email

Welcome to the OMIDRIAssure™ e-Portal
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Now you can provide the benefits of OMIDRIA... without worrying about coverage and reimbursement

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Personalized help with reimbursement services related to OMIDRIA.
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Assistance for patients with insufficient commercial insurance
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Assistance for financially eligible uninsured or government-insured patients.

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Managing Your Account

Once you are logged in using your user name and password, you will have the option to manage your account information such as user name, password, and facility and provider information. You can also create separate profiles for all of the prescribing providers at your facility and create profiles for additional facilities and providers that you support.

To manage your account, click on the “My Account” menu bar option at the top of the page that comes up when you log in.

Review your account:

- Review the information for any user profile that has been established for your account.

Manage your account:

- Physician or facility information can be modified, and other physicians and facilities can be added to the account

- You can turn on or off receipt of daily email notification of patient alerts

Submitting your changes

- Click “Submit” to have the changes verified and updated by the program. An email will be sent to you confirming the account changes.

My Account

Use this page to manage your account information as well as your office and physician associations

My Information

Fields marked with an asterisk * and in Blue are required

User Name: rsage

*First Name: Gregory

*Last Name: House

*Contact Phone: (222) 222-2222

*Primary Email: rsage@lashgroup.com

Office Contact Information

Fields marked with an asterisk * and in Blue are required

Note: You can only update one site per submission

*Select an Office: Select One

Tax ID: []

*Street Address: []

Suite/Bldg #: []

*City: []

*State: AK

*Zip: []

*Office Phone: [] Ext: []

Fax Phone: []

My Office and Physician Associations

NOTE: Any changes to your associations will require that the Website Support team validate the requested changes in order to meet HIPAA compliance.

Manage Associated Offices and Physicians

*To remove an office and/or physician check the corresponding box.
Important: If you select to remove an office you will also request to remove all of the associated physicians for that office.

ABC Site

House, Gregory MD

Dean Dome Medical

Alexander, James MD

Hansbrough, Tyler DO

House, Gregory MD

Prod4w, test ARNP

Happy Home Health

House, Gregory MD

Some Unit Test Site

Alexander, James MD

House, Gregory MD

Add Offices(s)

*Please list the full name and address of the office(s) you would like to add, separated by commas

[]

Add Physician(s)

*Please list the first and last name of the physician(s) you would like to add, separated by commas

[]

Email Preferences

Manage My Email Alert Status

Yes, I want to receive email notifications for Patient Alerts

No, I do not wish to receive email notifications for Patient Alerts

Submit **Reset**

Resources: [Emergency](#) | [Safety Information](#) | [Terms Of Use](#) | [Privacy](#) | [Site Map](#)

Updated on March 2010

Completing an Online Patient Enrollment

Enrolling patients into the OMIDRIAssure Program through the e-Portal is easy. All of the provider and facility information is pre-populated into the form. After you are logged in, to enroll patients, first navigate to the Patient Enrollment page by clicking on "Enroll a Patient".

To complete the enrollment, follow the steps on the enrollment page:

Step 1: Select the Physician who will perform the procedure for the patient you would like to enroll, then select "New Patient" from the patient list.

Patient Enrollment

Select a Patient to Enroll

To enroll or re-enroll a patient, please select the appropriate service enrollment form and product combination.

To access additional online forms, please select the appropriate program and form.

Select a Form:	Enrollment Form
Select Product(s):	Omidria
Select a Site:	Charlotte Mecklenburg Hospital
Select a Physician:	Smith, John DO - Doctor of Osteopathy
Select a Patient:	New Patient Anderson, Tammy Benson, Olivia Brown, Chris Brown, Joe duke, patty Jackson, Jason kumar2, bavish kumar3, bavish kumar9, bavish

NEXT

CANCEL

Step 2: Fill out the required Patient demographic information

PATIENT INFORMATION

PATIENT INFORMATION

PATIENT INSURANCE INFORMATION

PHYSICIAN INFORMATION

Review Selections

Elements on this tab will capture information related to the patient's demographics

Fields marked with an * are required

*Patient First Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
*Patient Last Name:	<input type="text"/>
*Date of Birth:	<input type="text"/>
*Home Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>
* Address (not PO box):	<input type="text"/>
*City:	<input type="text"/>
*State or Commonwealth:	<input type="text" value="Select One"/>
*Zip Code:	<input type="text"/>

Save & Exit **Delete** **Next**

OMIDRIAssure.com User Guide

Step 3: Enter the required Patient Insurance Information (2 Options)

- **Option 1:** Click “Yes” and manually enter the required insurance information.
- **Option 2:** Click “No” if the patient is uninsured or insurance information is not available.
- **Option 3:** Click “Insurance information is attached,” which allows you to bypass manually entering the insurance information and instead upload a document with the patient’s insurance information (e.g., a scanned PDF copy of the patient’s insurance card or EMR). **Step 5** will instruct on how to upload a document.

PATIENT INSURANCE INFORMATION

PATIENT INFORMATION

PATIENT INSURANCE INFORMATION

PHYSICIAN INFORMATION

Review Selections

Elements on this tab will capture information related to the patient’s insurance coverage

Fields marked with an * are required

*Does patient have medical and/or prescription benefits through any private commercial or government health insurance program? Yes No Insurance information is attached

*If yes, complete the following:

*Primary Insurance Carrier

Name:

Phone:

Group Number:

Policy Number:

Name of Policy Holder:

Relationship to Policy Holder:

Policy Holder’s DOB (If not patient):

Secondary Insurance

Name:

Phone:

Group Number:

Policy Number:

Name of Policy Holder:

Relationship to Policy Holder:

Policy Holder’s DOB (If not patient):

Save & Exit

Delete

Previous

Next

OMIDRIAssure.com User Guide

Step 4: Enter the patient-specific Physician Information:

- Most of the fields will automatically populate based on the user registration information previously provided
- Data must be separately entered into patient-specific fields:
 - Patient Diagnosis (ICD9/ICD10 Code(s))
 - Procedure Code (CPT Code)
 - Date of Surgery
 - Site of Surgery (HOPD or ASC)

PHYSICIAN INFORMATION

PATIENT INFORMATION	PATIENT INSURANCE INFORMATION	PHYSICIAN INFORMATION	Review Selections
---------------------	-------------------------------	-----------------------	-------------------

Elements on this tab will capture information related to the physician and office that was selected in the 'Patient Selection' screen.

Fields marked with an * are required

*Physician Name:	<input type="text" value="Smith, John DO"/>
*NPI #:	<input type="text" value="1245230176"/>
*Tax ID #:	<input type="text" value="17-400000"/>
*Patient Diagnosis ICD9/ICD10 Code(s):	<input type="text"/>
*Procedure Code CPT Code:	<input type="text"/>
*Date of Surgery:	<input type="text"/>
*Site of Surgery (check one):	<input type="checkbox"/> HOPD <input type="checkbox"/> ASC
*Facility/Practice Name:	<input type="text" value="Charlotte Mecklenburg Hosp"/>
*DEA #:	<input type="text" value="AA9993476"/> (Format is 'AA1234567')
* Address (Not PO box):	<input type="text" value="125 S. Kings Drive"/>
*City:	<input type="text" value="Charlotte"/>
*State or Commonwealth:	<input type="text" value="NC"/> ▼
*Zip Code:	<input type="text" value="28209"/>
*Phone:	<input type="text" value="(704) 123-4567"/>
*Fax:	<input type="text" value="(704) 987-6543"/>
*Site Contact Name:	<input type="text" value="Anna T"/>
Email:	<input type="text"/>

Save & Exit	Delete	Previous	Next
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Step 5: Review Selections

- Review the Patient Enrollment information provided
- Add Attachments – If you selected Option 2 in Step 3, this is where you would upload an attachment such as a PDF copy of an EMR including the patient’s insurance information, or of the front and back of the patient’s insurance card(s).
- Check the “Acknowledgements” box to acknowledge the accuracy of the entered information and to confirm other statements in the acknowledgement
- Click “Submit”

Review Selections

PATIENT INFORMATION PATIENT INSURANCE INFORMATION PHYSICIAN INFORMATION **Review Selections**

Please review the information below and ensure all information is correct.

Note: You will have to correct any fields in error in order to submit the enrollment. All errors are highlighted in RED.

Add Attachments:

Add Attachments

Total Files Attached = 0

Acknowledgements

My signature below certifies that the patient named above is my patient and that the information provided is, to the best of my knowledge, complete and accurate. I have obtained the patient’s authorization to disclose his/her personal and health information to the OMIDRIAssure program to use and to disclose as necessary in connection with the possible provision of patient and/or reimbursement support services. I consent to Omeros Corporation’s representatives and agents contacting me to confirm receipt of OMIDRIA or to provide additional information about OMIDRIA and the OMIDRIAssure program. I agree that Omeros Corporation may change or terminate any of the OMIDRIAssure program services at any time without notice.

Save & Exit Delete Previous Submit

Step 6: Patient Enrollment Confirmation

- Enrollment submission confirmation will appear under Patient Enrollment
- Click “Enroll Another Patient” or Log out


Home Program Tools Customer Support My Account Message Center

[You have no new messages](#) [Change Password](#) [Log out](#)

Patient Enrollment

Enrollment Submission Confirmation

View the Form

[Click here to Open the form for abc.abc](#) 

Enroll Another Patient

*Requires Adobe® Reader®. If you do not have Adobe® Reader®, click on the following button to get Adobe® Reader®.



“We Pay the Difference” Commercial Reimbursement Program

For patients with insufficient commercial insurance



OMIDRIA
(phenylephrine and ketorolac injection) 1% / 0.3%


Viewing Your Patient List

You can view patient information, including status of any pending activities, for all of your enrolled patients who are enrolled in the OMIDRIAssure Program.

The Patient List appears after you log on to the e-Portal with your user name and password. To view patient information, click the patient's name, or from the left navigation pane select your patient's name from the "VIEW PATIENT PROFILE" dropdown list.

"We Pay the Difference"
Commercial Reimbursement Program

For patients with insufficient commercial insurance



OMIDRIA™
(phenylephrine and ketorolac injection) 1% / 0.3%

Patient List

Basic Search

Patients to display: Show All Patients Show Only Patients with Alerts

Search By Patient Last Name (optional):

[See More Search Criteria](#)

Total Patients: 2 [Manage Archived Patients](#) [Print List](#)

Patient ID	Patient Name	DOB	Service	Product Status	Alerts
OMD00013	Brown, Chris	05/01/1989	RSL	Subsequent Benefit Verification Complete	Missing Info IV Complete
OMD0005R	Test LN, Test FN		Copay	Missing Information	Missing Info

Enroll a Patient ▶

Prescribing Information

[OMIDRIA™ \(phenylephrine and ketorolac injection\) 1% / 0.3%](#)

INCOMPLETE FORMS

[test 3, test 2 Enrollment Form - Omidria](#)

[test2, test Enrollment Form - Omidria](#)

VIEW PATIENT PROFILE

Choose a patient from the list

Viewing Patient Information

- Under the instructions to select a program, select “RSL” to view enrollment information for a patient and select “Copay” to view details about the patient’s enrollment in the “We Pay the Difference” Commercial Reimbursement Program.
- Click on tabs (Details, Insurance, Case History, and Documents) to view different sections of data related to a patient.
- To view detailed information within tab pages, click on the hyperlinks.
- If needed, click the “Print Profile” to print the desired information for that patient.

Patient Profile for: Test FN Test LN Date of Birth: Not On File Patient ID:OM00005R

Please select a program to view related product information. [Print Profile](#)

Copay
 RSL

- Details
- Insurance
- Case History
- Documents

Please see documents tab for complete eligibility check or benefit verification check.
This information does not guarantee payment of claims. Please contact the payer directly to inquire about payment of a claim.

Patient Information

Age:		Address:	Tel add
Gender:	Male		Melrose, NY 12121
Email:		Phone:	(987) 654-3210

Omidria [hide](#)

Patient Status

Program Status: Valid
Product Status: Benefit Verificatin In Process

Diagnosis

Primary Diagnosis (ICD):
Other Diagnosis (ICD):

Treating Physician

Physician:	John Smith,DO	Phone:	(704) 123-4567
Office:	Charlotte Mecklenburg Hospital	Fax:	(704) 987-6543
Address:	125 S. Kings Drive Charlotte, NC 28209	Email:	

Referring Physician

Physician:	John Smith,DO	Phone:	(704) 123-4567
Office:	Charlotte Mecklenburg Hospital	Fax:	(704) 987-6543
Address:	125 S. Kings Drive Charlotte, NC 28209	Email:	

Other Features of the e-Portal: Patient Alerts, Message Center, and Questions

Patient Alerts

For patient information that requires specific action by you, there will be patient alerts on the home page when you log in to the e-Portal. Patient alerts are used to ensure that we have the information necessary for your patients to receive appropriate benefits through the OMIDRIAssure Program.

Managing the Patient Alert

- Click on the Alert to find out more details about what action is needed.
- Follow the steps within the Alert to complete the required action.

Turning On or Off the Email Notification of Patient Alerts

- An email will be sent on a daily basis if you have Patient Alerts that need action.

To turn these email Alerts off or back on, click on “User Profile” under the “My Account” Menu Bar option. See section “Managing Your Account”.



**“We Pay the Difference”
Commercial Reimbursement Program**

For patients with insufficient commercial insurance



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Patient List

Basic Search

Patients to display: Show All Patients Show Only Patients with Alerts

Search By Patient Last Name (optional):

[See More Search Criteria](#)

Total Patients: 2

[Manage Archived Patients](#) [Print List](#)

Patient ID	Patient Name	DOB	Service	Product Status	Alerts
OM000013	Brown, Chris	05/01/1989	RSL	Subsequent Benefit Verification Complete	Missing Info IV Complete
OM00005R	Test LN, Test FN		Copay	Missing Information	Missing Info

Email Example:

<User First Name Last Name>,

You have alerts/reminders for the following patient(s):
<insert patient ID(s)> and alert/reminder description>

To view the details and address any outstanding items, please log in and access the OMIDRIAssure e-portal at www.omidriassure.com.

If you need assistance, please contact the OMIDRIAssure Website Support Team at <Support Phone Number>.

If you would like to stop receiving email notifications of patient alerts and reminders, please log in and access the OMIDRIAssure e-portal and update the preferences in your user profile.

Thank you –

The OMIDRIAssure Team

Message Center

The message center allows you to receive and view messages that the OMIDRIAssure team sends you via the e-Portal.

View a Message

- Click on the “Message Center” from the Menu Bar or the “You Have XX New Messages” link in the upper right corner of the Home page
- The Message Center Inbox will display.
- You can select to view messages only for a single patient or you can view all messages.
- Click on the Message Subject to read the message.

Message Center

Messages in **BOLD** are unread

[Compose New Message](#)

[View Deleted Items](#)

View Messages by Service:

View Messages for Patient:

<input type="checkbox"/>	<u>Message Subject</u>	<u>Patient Name</u>	<u>Date</u>	<u>Created By</u>	<u>Product</u>
<input type="checkbox"/>	test	Brown, Chris	01/13/2016	John Smith	Omidria
<input type="checkbox"/>	Re: test	Brown, Chris	01/13/2016	John Smith	Omidria

[Delete](#)

Questions

If you have any questions about or problems with using the OMIDRIAssure e-Portal, contact the OMIDRIAssure Hotline:

Contact Phone Numbers:

Hours of Operation: Monday – Friday 9am to 6pm ET
 Phone: 1-877-OMIDRIA (1-877-664-3742)
 Fax: 1-855-3742