

NEURO COMMUNITY CARE PROVIDER PORTAL USER GUIDE

How to submit an invoice and required documentation

Please direct all technical questions and issues related to the provider portal to:



netsuitesupport@neurocc.com

Login to the Provider Portal

https://auth.secure.neurocc.com:8443/proxy/proxy-login.xhtml?from=https://system-netsuite.com.secure.neurocc.com/&request_auth=NetSuiteTBA&auth_id=prd

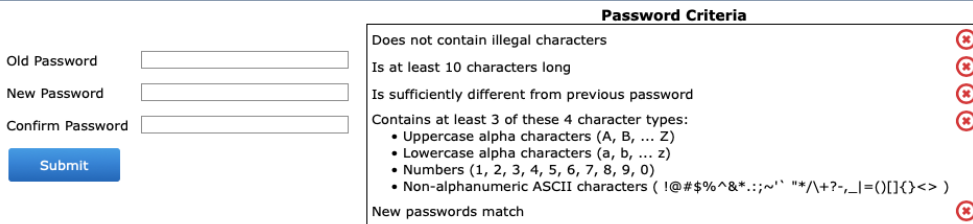


The image shows the Neuro Community Care Gateway Authentication form. It features the Neuro Community Care logo at the top. Below the logo, the text "GATEWAY AUTHENTICATION" is displayed. There are two input fields: "Username:" with the value "netsuitesupport@neurocc.com" and "Password:" with the placeholder "Password". A blue "AUTHENTICATE" button is positioned below the password field. A link "Forgot your password?" is located at the bottom left of the form.

The first time access the portal, you will be required to set a new password. The password must meet the specified criteria. Once all the password criteria have been met, the red  will turn to a green 

ORACLE NETSUITE

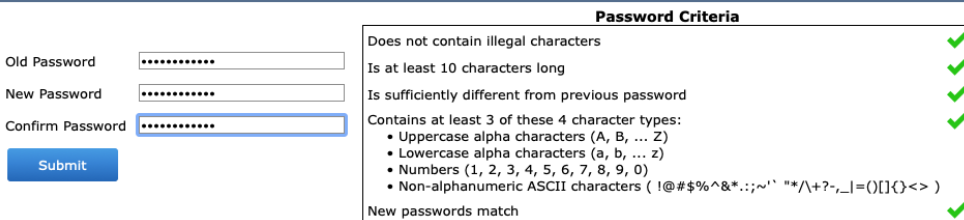
Your password has expired. Please change it now.



This screenshot shows the password change form with several criteria marked as failed with red X icons. The criteria are: "Does not contain illegal characters", "Is at least 10 characters long", "Is sufficiently different from previous password", and "Contains at least 3 of these 4 character types: Uppercase alpha characters (A, B, ... Z), Lowercase alpha characters (a, b, ... z), Numbers (1, 2, 3, 4, 5, 6, 7, 8, 9, 0), Non-alphanumeric ASCII characters (!@#\$\$%^&*.:;~'`"*/\+?~.,_|=()[]{}<>)". The "New passwords match" criterion is marked as successful with a red X icon.

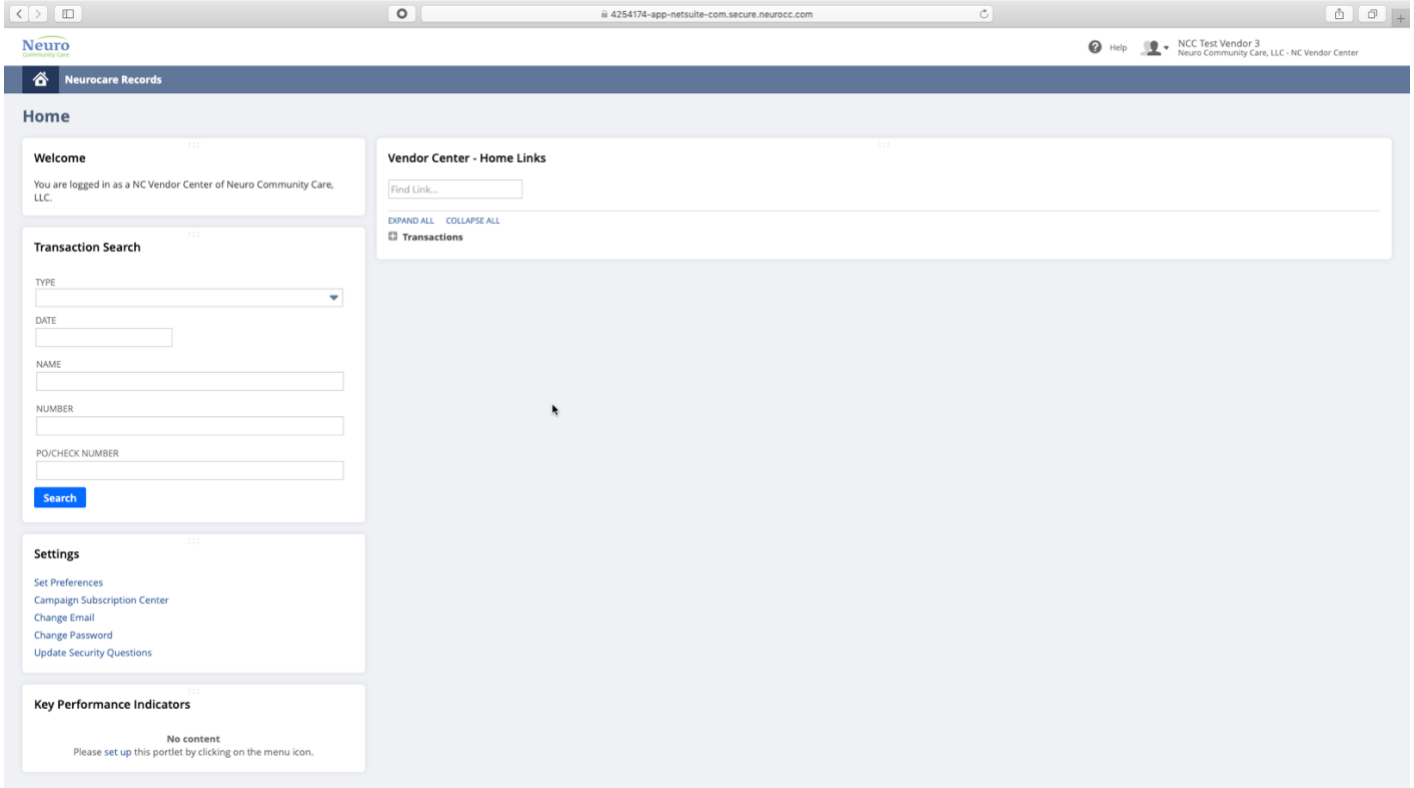
ORACLE NETSUITE

Your password has expired. Please change it now.



This screenshot shows the password change form with all criteria marked as successful with green checkmark icons. The criteria are: "Does not contain illegal characters", "Is at least 10 characters long", "Is sufficiently different from previous password", "Contains at least 3 of these 4 character types: Uppercase alpha characters (A, B, ... Z), Lowercase alpha characters (a, b, ... z), Numbers (1, 2, 3, 4, 5, 6, 7, 8, 9, 0), Non-alphanumeric ASCII characters (!@#\$\$%^&*.:;~'`"*/\+?~.,_|=()[]{}<>)", and "New passwords match".

The home screen of the Provider Portal:



To add an invoice:

Neurocare Records

Bill Management

Portal Vendor Bill

New



Begin entering the invoice information on The Portal Vendor Bill screen

BILL NUMBER: Your invoice number. This must be a unique number and cannot be used again.

BILL DATE: The date of your invoice.

SERVICE START DATE: The first date of the service for which the invoice encompasses. For example, if you are submitting an invoice for the month of October, you would use 10/01/2019.

SERVICE END DATE: The last date of the service for which the invoice encompasses. For example, if you are submitting an invoice for the month of October, you would use 10/31/2019.

CLIENT PROJECT: Choose from the list of clients you currently serve.

Neurocare Records

Portal Vendor Bill

Save Cancel Reset

ID
To Be Generated

BILL NUMBER *
Test2

BILL DATE *
11/4/2019

SERVICE START DATE *
10/1/2019

SERVICE END DATE *
10/31/2019

CLIENT PROJECT *
2843 WWP - Independence Program : Test, Tobias
7 WWP - Independence Program : Test, Angelo

CLIENT CUSTOMER

TOTAL

Once these required fields are complete, you will choose the service(s) and/or expense(s) in the Items section.

NOTES:

- Please choose the service that corresponds to the service you are contracted to deliver.
- To search for a service, please use the % symbol
 - For example, to search for CSS, you can enter %CSS in the field.

Neurocare Records

Portal Vendor Bill

Save Cancel Reset

ID
To Be Generated

BILL NUMBER *
Test2

BILL DATE *
11/4/2019

SERVICE START DATE *
10/1/2019

SERVICE END DATE *
10/31/2019

CLIENT PROJECT *
2843 WWP - Independence Program : Test, Tobias

VENDOR
NCC Test Vendor 3

CLIENT CUSTOMER

TOTAL

Items

Services (0)

Provider Services : CSS/LS	ITEM QUANTITY *	ITEM RATE *
%css		5.00

Add Cancel

Complete the line by adding:

- Quantity (i.e. hours)
 - Please note, the contracted rate will be added automatically.
- Description that corresponds with the line item you are entering.

CLICK ADD after each line.

Continuing entering until all items of the invoice are listed.

Once complete, you can upload the files (Invoice, Notes, Receipts) that correspond to the invoice you are submitting. The preferred method of the files is PDF. Do not send any links. This site is HIPAA compliant and therefore there is no need to encrypt any documents.

Neurocare Records

Portal Vendor Bill

VB1146

[Edit](#) [Back](#) [Upload Files](#) [Submit](#) [Print](#) [Share](#) [Actions](#)

ID VB1146	BILL DATE 11/4/2019	ASSOCIATED NETSUITE BILL
BILL NUMBER Test2	SERVICE START DATE 10/1/2019	BILL STATUS
OWNER NCC Test Vendor 3	SERVICE END DATE 10/31/2019	CLIENT CUSTOMER 1 WWP - Independence Program
DATE CREATED 10/25/2019 11:17 am	CLIENT PROJECT 2843 WWP - Independence Program : Test, Tobias	TOTAL
LAST MODIFIED BY 10/25/2019 11:17 am NCC Test Vendor 3	VENDOR NCC Test Vendor 3	

Once on the Mange Files screen

1. Choose the file you want to upload
2. Choose the FILE TYPE from the dropdown list
3. Click UPLOAD FILE

Neurocare Records

Manage Files

[Upload File](#) [Upload Complete](#)

1 **UPLOAD FILE**
Choose File no file selected

Uploaded Files (0)

FILE ID	FILE NAME	AD
No records to show.		

FILE TYPE

- Client Note PDF
- Expense Receipts PDF
- Invoice PDF

[Upload File](#) [Upload Complete](#)

Once all required documentation is uploaded, click **UPLOAD COMPLETE**

Neuro Community Care Neurocare Records Help NCC Test Vendor 3 Neuro Community Care, LLC - NC Vendor Center

Manage Files More

Upload File | **Upload Complete**

UPLOAD FILE: Choose File no file selected FILE TYPE: [Dropdown]

FILE ID	FILE NAME	DOWNLOAD	REMOVE
4381	tes_tob_2843_NCC_2019-10-01_2019-10-31_4381_Invoice PDF.pdf	Download	<input type="checkbox"/>
4383	tes_tob_2843_NCC_2019-10-01_2019-10-31_4383_Expense Receipts PDF.pdf	Download	<input type="checkbox"/>
4379	tes_tob_2843_NCC_2019-10-01_2019-10-31_4379_Client Note PDF.pdf	Download	<input type="checkbox"/>
4382	tes_tob_2843_NCC_2019-10-01_2019-10-31_4382_Invoice PDF.pdf	Download	<input type="checkbox"/>
4380	tes_tob_2843_NCC_2019-10-01_2019-10-31_4380_Client Note PDF.pdf	Download	<input type="checkbox"/>

Upload File | **Upload Complete**

The last and final step is to **SUBMIT** the invoice.

Neuro Community Care Neurocare Records Help NCC Test Vendor 3 Neuro Community Care, LLC - NC Vendor Center

Portal Vendor Bill List Search

VB1146

Edit | Back | Upload Files | **Submit** | [Print] [Share] | Actions

ID VB1146	BILL DATE 11/4/2019	ASSOCIATED NETSUITE BILL
BILL NUMBER Test2	SERVICE START DATE 10/1/2019	BILL STATUS
OWNER NCC Test Vendor 3	SERVICE END DATE 10/31/2019	CLIENT CUSTOMER 1 WWP - Independence Program
DATE CREATED 10/25/2019 11:17 am	CLIENT PROJECT 2843 WWP - Independence Program : Test, Tobias	TOTAL
LAST MODIFIED BY 10/25/2019 11:17 am NCC Test Vendor 3	VENDOR NCC Test Vendor 3	

Items

Services (3)

VENDOR SERVICE: [Dropdown]

EDIT	ITEM NUMBER	ITEM QUANTITY	ITEM RATE	ITEM AMOUNT	DESCRIPTION
Edit	Provider Services : CSS/LS	10	5.00	50.00	Test Description
Edit	Provider Services : Supervision	1	5.00	5.00	Test Description 2
Edit	Provider Services : Travel Time	10	3.00	30.00	Travel Time Description

Processing Fields