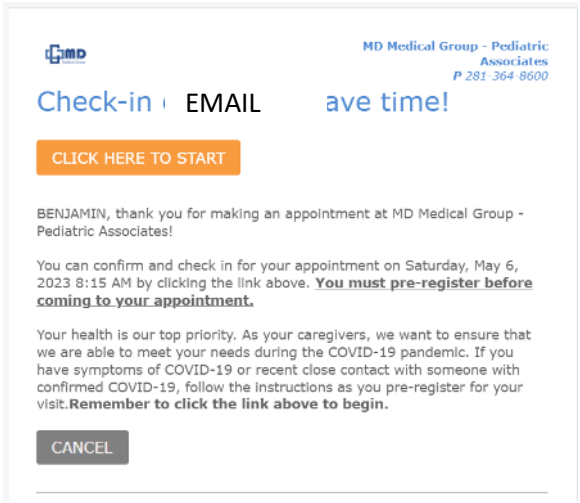
An email/text will be sent 2 days prior to your appointment.

Select click here to start

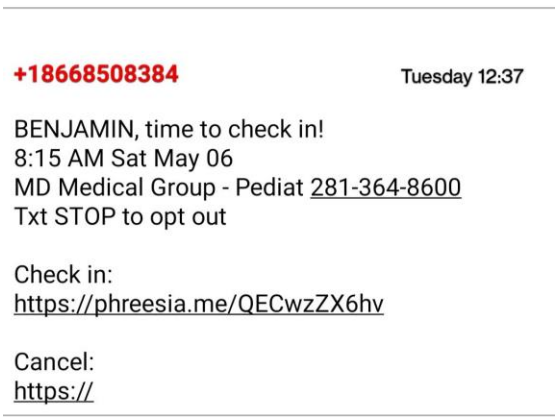
Or

Select the link

Your browser will open



TEXT

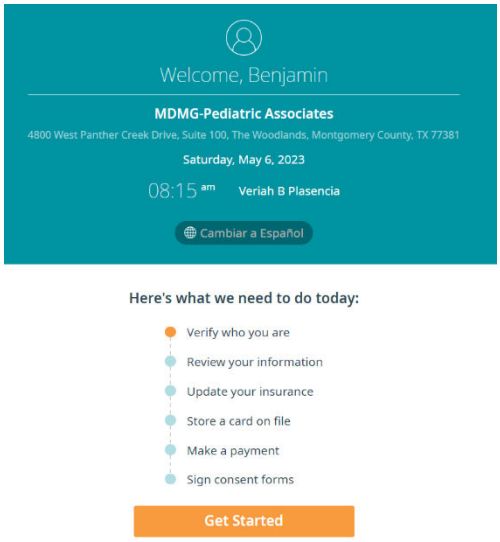


IF YOU ARE FILLING OUT VIA TEXT LINK, YOU WILL BE ASKED TO TAKE A PICTURE OF YOUR ID AND INSURANCE CARD DURING THE REGISTRATION. THIS IS OPTIONAL

The Welcome page will inform you of all the information that will be needed for your pre-visit registration.

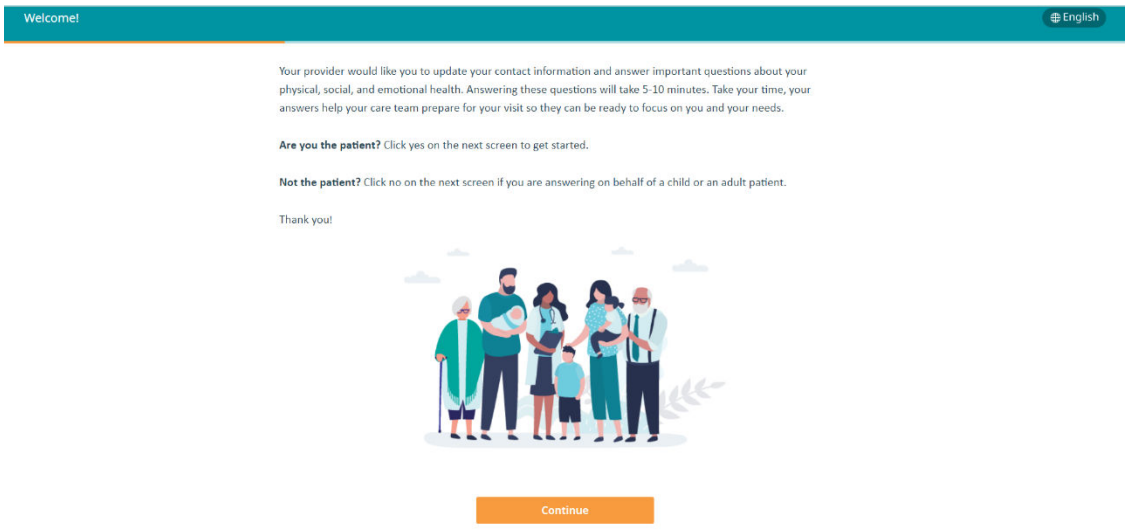
Select **Get Started**

- Enter Patient's Date of birth and click verify
- Select which address is on file for the patient,
- Click verify
- **When filling out via email, you will be asked to have a security code sent by text. Confirm your phone number, select send security code, input code sent to your phone on the next window, select verify*

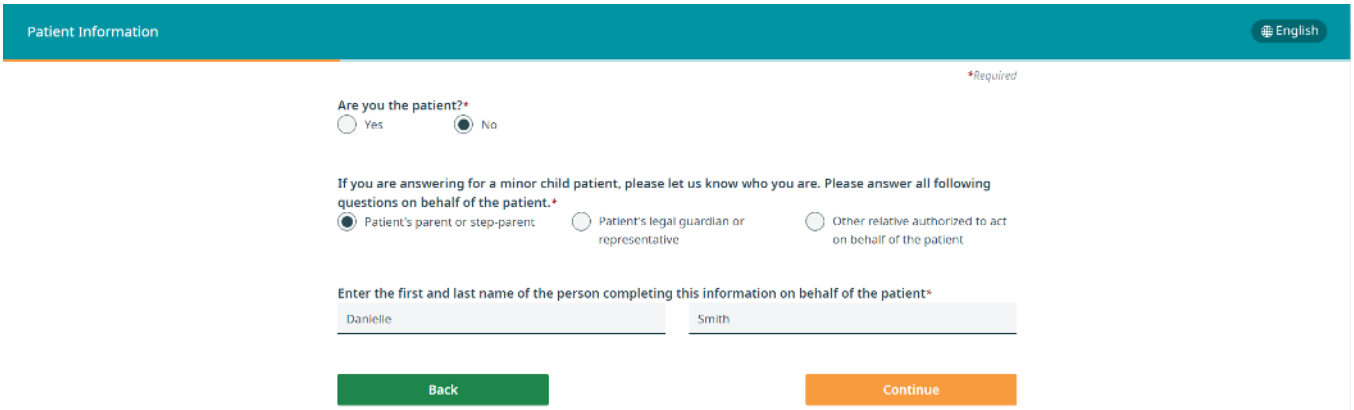


You will be directed to the Welcome Page:

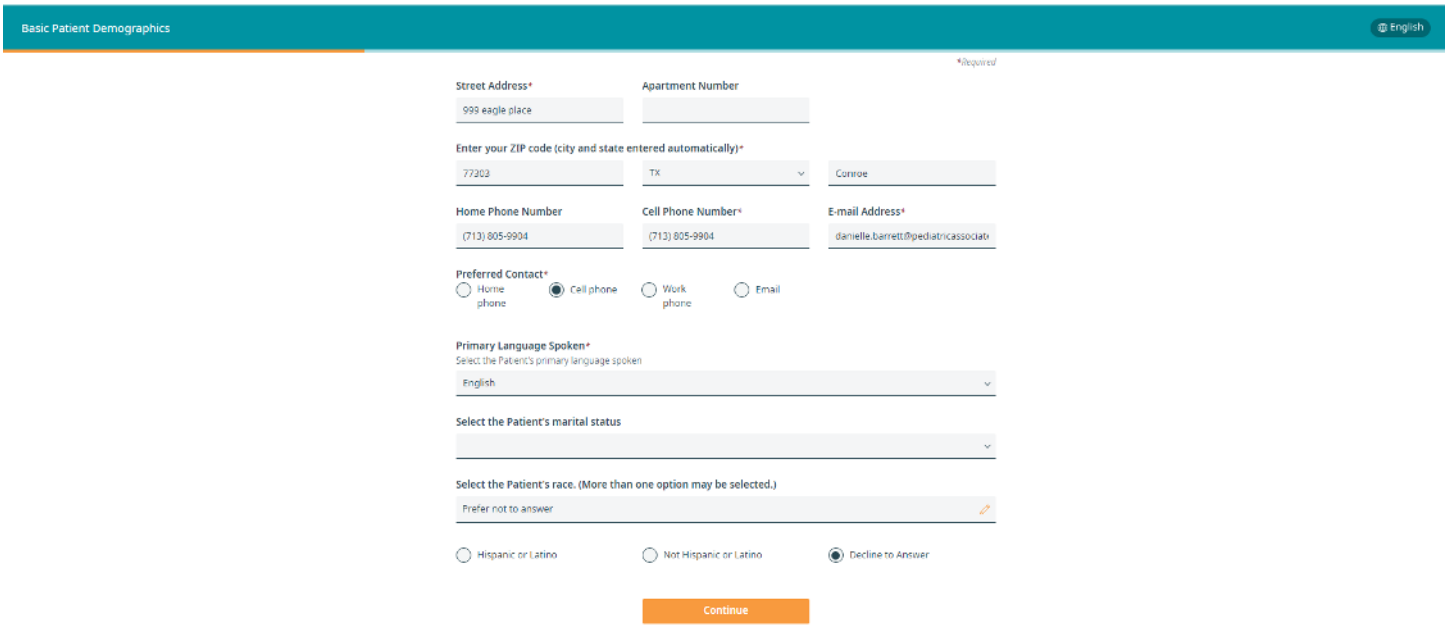
Select continue



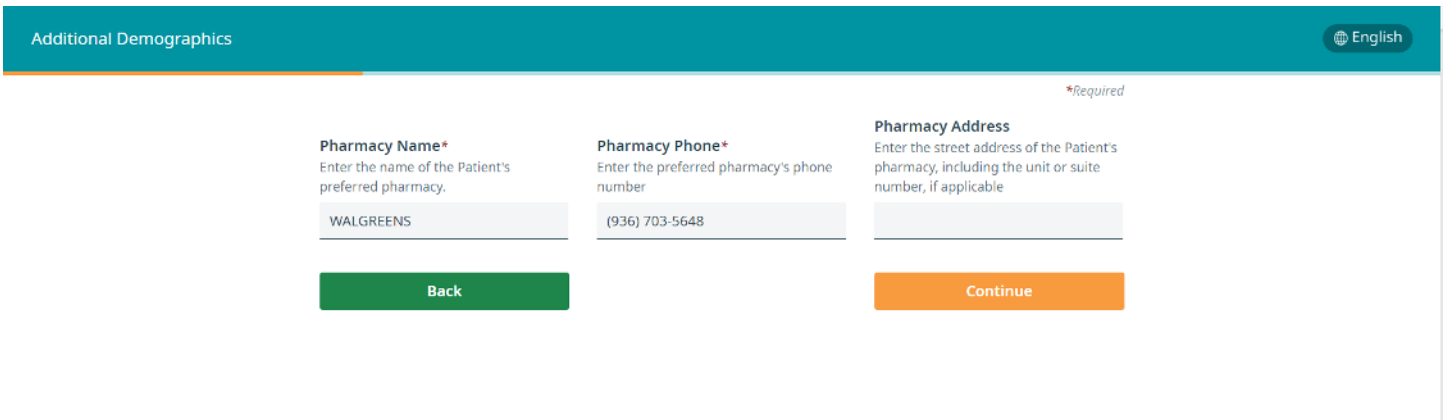
Select and enter applicable information on the Patient Information Page, select continue



Verify or correct information on the Basic Patient Demographics Page, select continue

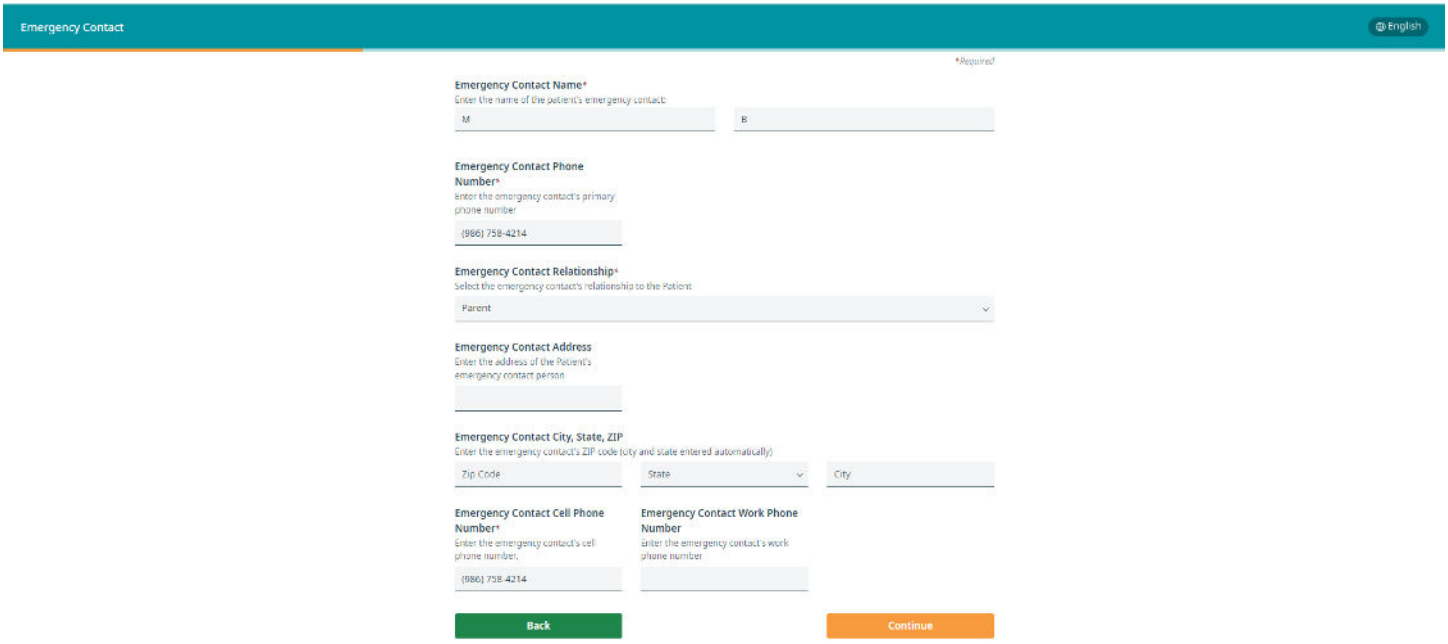


Enter Pharmacy where you would like any prescriptions to be sent, select continue

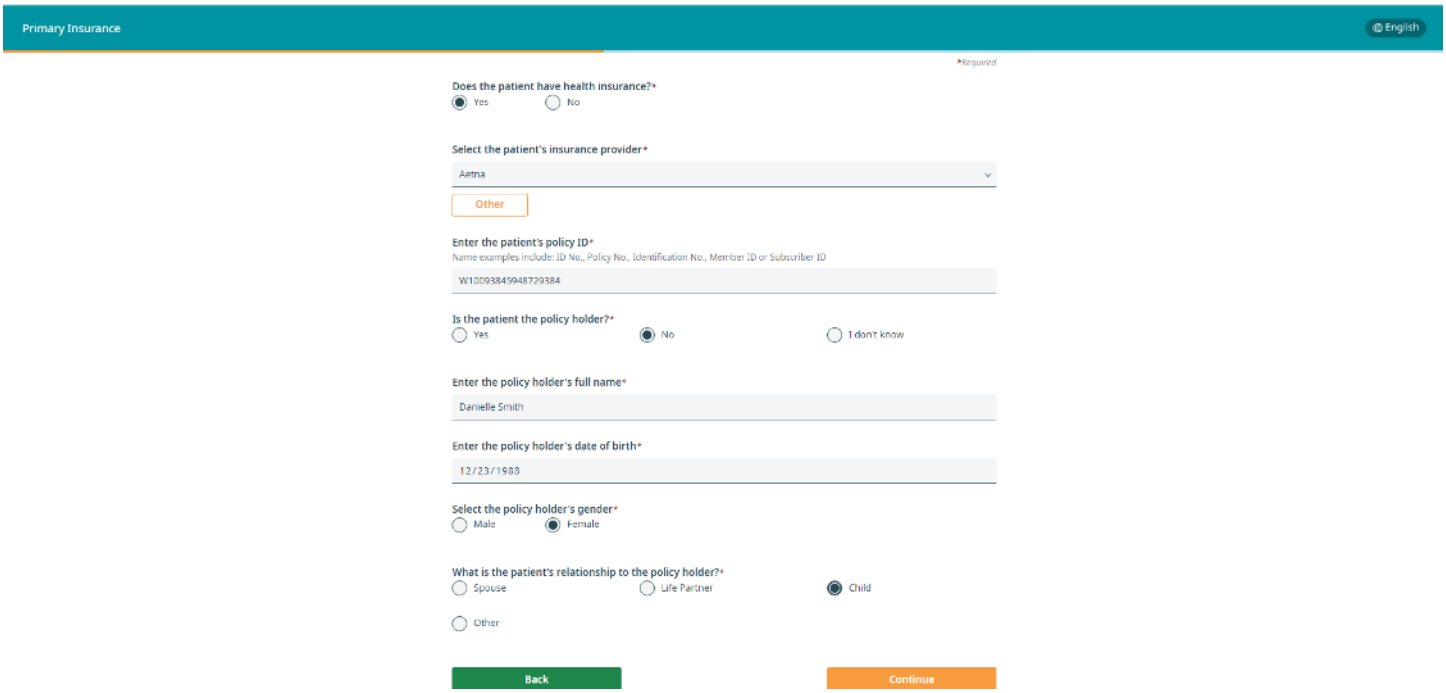


Input/Verify Emergency Contact information, select continue

**This can be a parent/guardian's information*



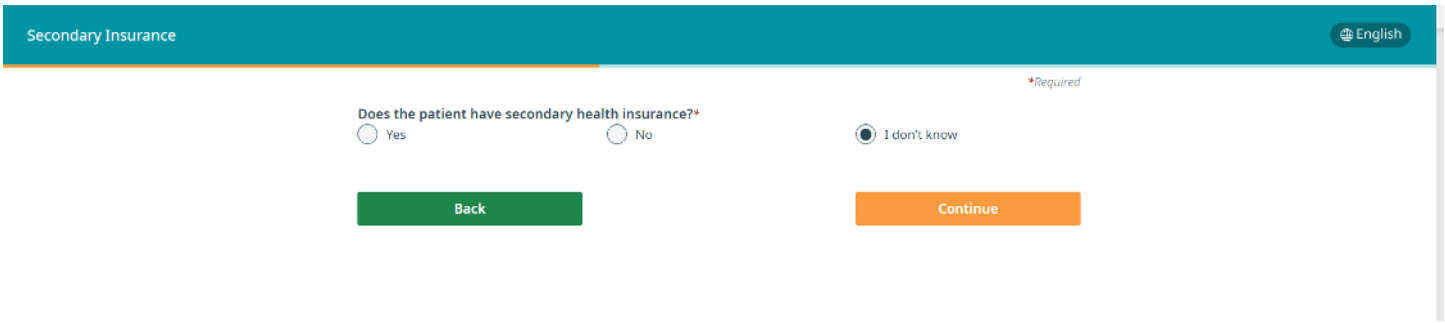
Input/Verify Primary Insurance information (if insured), select continue



Select if patient has Secondary Insurance

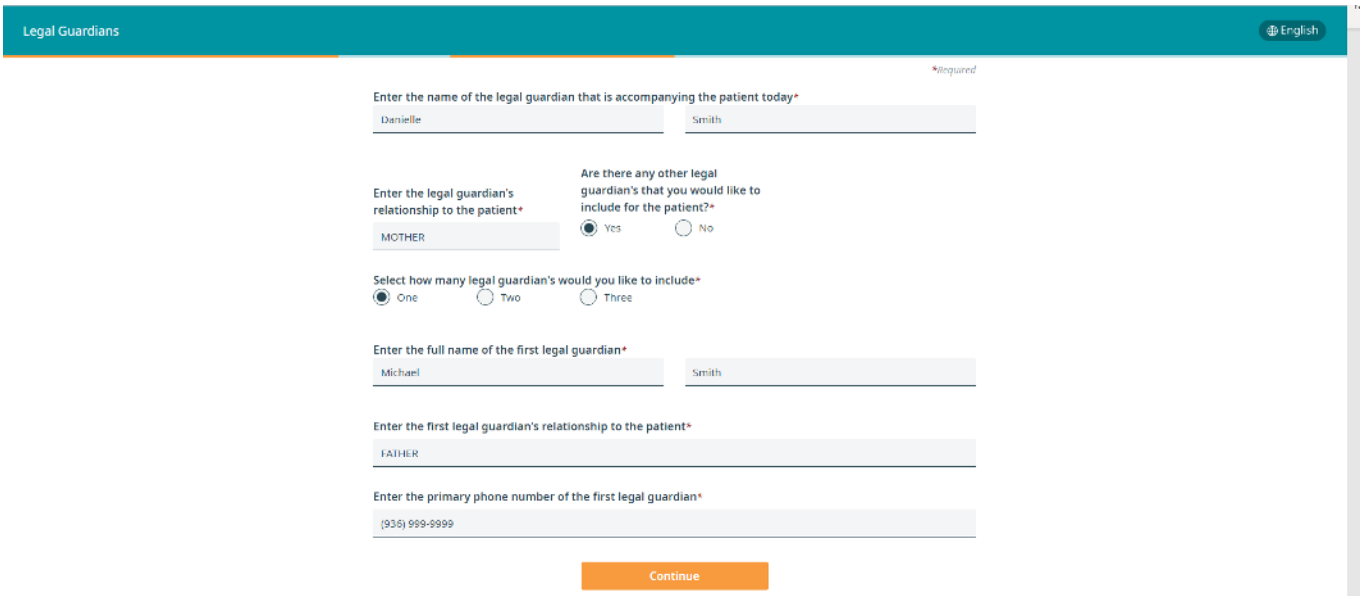
If yes, Input information then select continue

If no/I don't know, select continue



Input/Verify Legal Guardian information.

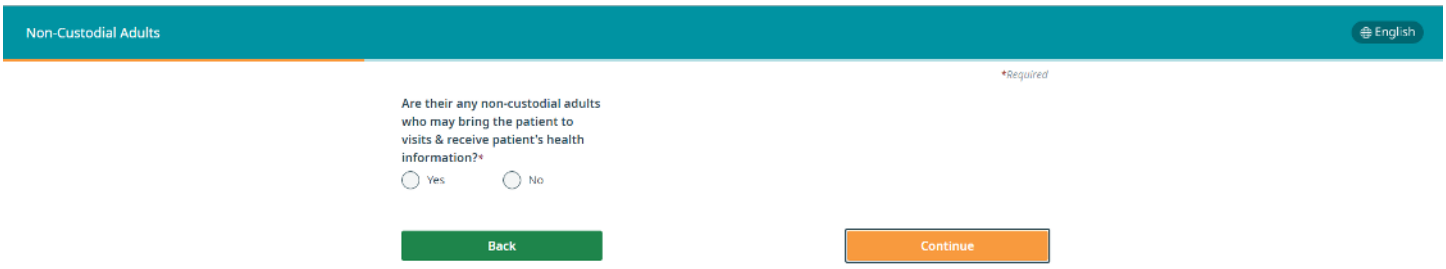
- Add other parents/guardians by selecting **yes** to the question "Are there any other legal buardian's that you would like to include for the patient?"
- Select how many other legal guardians you may like to include (Other parent/step-parents)
- Input all requested information for all legal guardians
- Select continue



Select if there are any non-custodial adults who may bring the patient to visits (other family members, babysitters, family friends)

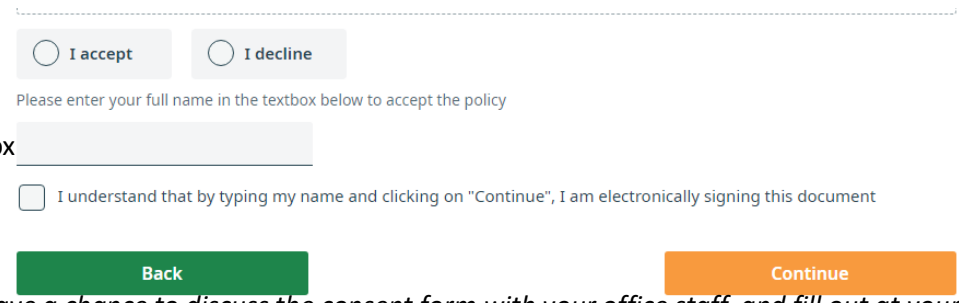
If you select no, then select continue

If you select yes, select how many others you would like to add, input all information, then select continue



You will be directed to the General Consent for Treatment, Financial Agreement, & Release Form

- Review the form
- Select I accept/I decline
- Enter full name in textbox
- Click the box below textbox
- Select Continue



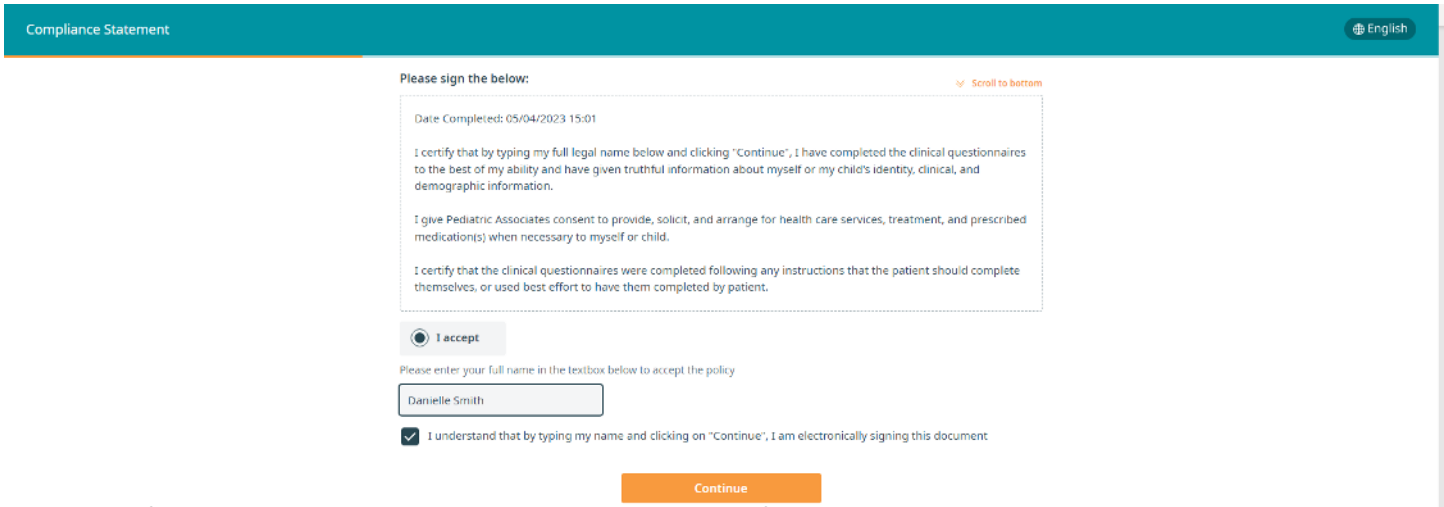
Please note- if declined, you will have a chance to discuss the consent form with your office staff, and fill out at your arrival. If consent is not given at check-in, services will not be rendered.

If your appointment is for a well visit, the next page(s) will be your wellness questionnaires

Please select all applicable answers, then select continue on each subsequent pages

The next page will be the Compliance Statement

- Review the statement
- Select I accept
- Enter Full Name in textbox
- Click the box below the textbox
- Select Continue



The last and final page is the Thank You page, you may exit out of the browser