New Patient Registration - Web Platform

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Anytime Telecare

New Patient Registration

Web Platform

- Go to the Anytime Telecare platform using a Google Chrome web browser.
- Click on New User

Rew V	User	➡) Sign-in	
Email or phone nur	nber		
Password			Þ
Confirm Password			Þ
Passwords should be at			one
By clicking the "Agree	e and Continu	e" button, you ;	are
igreeing to <u>Anytime F</u>			
	Agree and Conti	nue	

• Provide an email address or phone number, and create a password to make your account

ſ	Email or phone number
	Password Ø
	Confirm Password Passwords should be at least 8 characters in length with one uppercase letter , and at least one number.
	By clicking the "Agree and Continue" button, you are agreeing to <u>Anytime Pediatrics, Terms of Use</u>
l	Agree and Continue

• Agree to the Warning, and the Terms Of Service to proceed.

Emergency Warning Scroll to Agree and Continue				
If this patient is experiencing a medical emergency, you should dial 911 immediately.				
Do not wait to connect with a pediatrician via telemedicine. Examples of emergency conditions:				
 Having a seizure or shaking uncontrollably Not responding or cannot wake up Unable to speak, has slurred speech or acting confused Weak or lethargic Severe difficulty breathing Not breathing Turning blue Having severe chest pain Bleeding that cannot be stopped Suicidal or homicidal Vomiting blood 				
These are examples, and are not all inclusive. If you feel the patient has an emergency condition then please call 911.				
[I Agree Cancel				

• Next, enter the parent, guardian, or adult patient information in the required fields and click next.

Address * City * State *	First Name *	Last Name *	Cell Phone Number *
	Address *	City *	State *

• Add your clinician's practice code to register with the practice



- Add your insurance information. If you wish to bypass this screen, click "I do not have insurance or I wish not to use it."
 - You can add insurance information at any time once your account is created.
- Add the patient's information to your account. You will need to click, "I attest that I have legal authority to seek care for this patient." to proceed.

Add Patient			
First Name *	Last Name *		
Required			
Date of Birth *	Gender *		
MM/DD/YYYY			*
Allergies	Other Medical		
			11
Account holder relationship *			
•			
☐ I ATTEST THAT I HAVE LEGAL AUTHORITY TO	SEEK CARE FOR THIS PATIEN	т.	
	[Cancel	Save

• Once the account is created, your practice can schedule appointments and send instant invitations to join the virtual waiting room for a telemedicine visit.