

New Patient Registration - Web Platform

Last Modified on 02/22/2021 11:44 am EST



New Patient Registration

Web Platform

- Go to the Anytime Pediatrics [platform](#) using a Google Chrome web browser.
- Click on New User

A screenshot of the ANYTIME pediatrics registration form. At the top center is the company logo. Below it are two navigation links: "New User" with a person icon and a plus sign, and "Sign-In" with a right-pointing arrow icon. A yellow arrow points to the "New User" link. The registration form itself contains three input fields: "Email or Phone Number", "Password", and "Confirm Password". Below these fields is a purple "Register" button. At the bottom of the form, there is a password requirement note: "Password should be at least 8 characters with one uppercase letter, and at least one number." The words "8 characters", "one uppercase letter", and "one number" are highlighted in red.

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

A second screenshot of the ANYTIME pediatrics registration form, identical to the first. A yellow arrow points directly to the "Email or Phone Number" input field.

- 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.



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

1 Parent or Guardian Information

First Name *	Last Name *	Cell Phone Number *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address *	City *	State *
<input type="text"/>	<input type="text"/>	<input type="text"/>
ZIP Code *	<input type="text"/>	

- Add your pediatrician's practice code to register with the practice

2 Find Your Practice
Do you have a practice code?

YES NO

- 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 child'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 *

Allergies

Other Medical

Account holder relationship *

I ATTEST THAT I HAVE LEGAL AUTHORITY TO SEEK CARE FOR THIS PATIENT.

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