

New Patient Registration - Web Platform

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New Patient Tutorial

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 page. At the top center is the company logo. Below it, there are two links: "New User" with a person icon and "Sign-In" with a key icon. A yellow arrow points to the "New User" link. Below the links is a registration form with three input fields: "Email or Phone Number", "Password", and "Confirm Password". A purple "Register" button is centered below the fields. 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."

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

A screenshot of the ANYTIME pediatrics registration page, similar to the previous one. A yellow arrow points to the "Email or Phone Number" input field. The rest of the form, including the "Password" and "Confirm Password" fields, the "Register" button, and the password requirement note, is visible.

- 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.