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:				
<ul> <li>Having a seizure or shaking uncontrollably</li> <li>Not responding or cannot wake up</li> <li>Unable to speak, has slurred speech or acting confused</li> <li>Weak or lethargic</li> <li>Severe difficulty breathing</li> <li>Not breathing</li> <li>Turning blue</li> <li>Having severe chest pain</li> <li>Bleeding that cannot be stopped</li> <li>Suicidal or homicidal</li> <li>Vomiting blood</li> </ul>				
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.