Step 1: on the left tool bar, go to "My Profile".



## **DEMOGRAPHIC INFORMATION:**

Step 2: Complete/update all demographic information.

Prefix		First Name*	Middle Name	Last Name*	Suffix	DOB*		14.75	
Select	٠	Minnie		Mouse	Select •	1/1/2000		۵	
ex		Alternate Name	Maiden Name	Marital Status	MRN	SSN	Contention of	<u>ٹ</u>	
Select	*			Select •	000000908			節	
Blood Group		Primary Provider	Referring Provider		Primary Facility				
Select	٠	Ortiz-Aguayo, Robe			Complete Mind C	are of PA	Minnie Mouse		
Aode of Co	ontac	rt		Addine	a signature will m	ake	-		
Select •			signing forms easy!			Manage	Signature		
I declin	ed / u	mable to provide Race, Ethi	nicity and / or Preferre	ed Language 📲				-	
Race			Ethnicity Prefer		Preferred Languag	e			
None v									

To add a signature:

Signature	×		
Manual Type Initials Choose ways to "sign"			
Minnie Mauer	Aa Aa Aa	8	• •
Clear Security Question:		Add Signat	
What is the first name of your eldest nephew/niece?	~]	Phone Number	Extension
Answer:			
Enter 4-digit security code: This is the pin you will use fo SAVE/REMEMBER THIS PIN!	r future "signing"	Work Phone Number	Extension

## **INSURANCE INFORMATION:**

Step 3: Complete/update all insurance information

Insurance	Policy#	Effective Start Date Eff		Effectiv	fective End Date		Insurance Type	
Edit Remove United Behavioral H	lealth [ PO B 000000000	1/1/2023			Primary			
Insurance Details To updat	e an exisiting insurance plan							
Insurance*	Policy Number*	Group Number			Click on Camera icon to upload card picture			
Type few characters to select insura								
Insurance Type*	Effective Start Date*	Effective End Date						
Primary •	<b></b>	<b></b>		<u> </u>		PRONTIMAGE		
Group Name	Plan Name	Co Payment Co Insurance		nce		đ	Ø	
		0	% •	0				
Comments						INSURANCE CARD BACK IMAGE		
	Click "add" to include a new			4				
insurance paver						<b></b>	Ö	

\*\*See "HOW-TO Upload ID & Insurance Card on Portal" for more information/instructions\*\*