MeMD Patient Account Setup

MeMD Patient Account Setup Guide

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MeMD Patient Account Setup

Step 1:

Click "Start Visit" on your landing page.

Step 2:



Step 3:

Enter your log in and temporary password in the welcome box.

ogin name: Mours of Availability in our Provider Networks B:00am – B:00pm Mon – Fri B:00am – 6:00pm Sat & Sun Alaska Georgia Mississippi North Dakota Moirs of Availability in our Provider Networks LogIn Alaska Georgia Mississippi North Dakota Ohio Arizona Illinois Nevada South Carolina Colirado Maryland New Hampshire Tenessee Connecticut Maryland New York Wissionsin

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Step 4:

Complete the following pages:

Basic Information

MeMD				ismith@company.com
				Sign Out
				Return
Patient Visit				
Please tell us about yourself.				
First Name *	Middle Name	Last Name *	Date of Birth (MM/DD/YYYY) *	
			OT	
Sex *				
O Male O Female				
Continue				

Contact Information

			Laura Smith
			Sign Out
			Return
Address 2	City *	State *	
		Select:	
Email Address	Cell Phone	Home Phone	
Ismith@company.com			
	Address 2 Email Address Ismith@company.com	Address 2 City * Email Address Cell Phone Ismith@company.com	Address 2 City * State * Email Address Cell Phone Home Phone Ismith@company.com Ismith@company.com Ismith@company.com

Patient Medical History

M [©] MD	La
Welcome to your MeMD Urgent Care customer portal. Bringing you Healthcare Virtually Anywhere	Profile Information
From here you can edit your profile, review your medical history and past visit information, or begin a new consultation by clicking "Patient Visit" below.	Login name: Ismith@company.com
From here you can edit your profile, review your medical history and past visit information, or begin a new consultation by clicking "Patient Visit" below. If you need phone-based support, please call us at: 855-636-3689	Login name: Ismith@company.com
From here you can edit your profile, review your medical history and past visit information, or begin a new consultation by clicking "Patient Visit" below. If you need phone-based support, please call us at: 855-636-3669	Login name: Ismith@company.com Name: Laura Smith
From here you can edit your profile, review your medical history and past visit information, or begin a new consultation by clicking "Patient Visit" below. If you need phone-based support, please call us at: 855-636-3669	Login name: Ismith@company.com Name: Laura Smith Update Basic Information
From here you can edit your profile, review your medical history and past visit information, or begin a new consultation by clicking "Patient Visit" below. If you need phone-based support, please call us at: 855-636-3669 Medical History Click here to enter your medical history prior to the remote care consultation.	Login name: Ismith@company.com Name: Laura Smith Update Basic Information Update Contact Information
From here you can edit your profile, review your medical history and past visit information, or begin a new consultation by clicking "Patient Visit" below. If you need phone-based support, please call us at: 855-638-3669 Medical History Click here to enter your medical history prior to the remote care consultation.	Login name: Ismith@company.com Name: Laura Smith Update Basic Information Update Contact Information For phone support, please call: ass.pag.asgo

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			Re
Patient Visit			
ease tell us about your Medical	History.		
re you currently taking any me	edications? *		
⊖Yes ⊖No			
Select any medications and/or o	other substances that you are all	ergic to or cannot take. *	
	Penicillin	s separated by continues in the Other textbox.	
Aspirin			
Advil/Motrin/Aleve/Ibuprofen/	SAIDs Narcotics		
Other:			
- othon			
Please enter your height (Feet.	Inches) * Please enter your	veiaht (Pounds) *	
,	, , , , , , , , , , , , , , , , , , , ,		
Have YOU had any of the follow (Check all that apply)	ing conditions? *		
None	Depression	Kidney Stones	
Abnormal Heart Rhythm	Diabetes	Memory Problems	
Anxiety	Drug or Alcohol Dependency	Poor Hearing	
Arthritis	Fainting or Dizzy Spells	Poor Vision	
Asthma	Gallbladder disease	Psychiatro Illness	
Bronchitis	Headaches/Migraines	Stomach or GI Disorders	
Uich Cholostorol	Heart Disease		
COPD or other Lung Disease	High Blood Brossure		
Congestive Heart Failure	Kidney Disease		
Has anyone in your BIOLOGICA	L FAMILY had any of the follow	ing conditions? *	
(Check all that apply)			
None	Depression	Kidney Stones	
Abnormal Heart Rhythm	Diabetes	Memory Problems	
Anxiety	Drug or Alcohol Dependency	Poor Hearing	
Arthritis	Fainting or Dizzy Spells	Poor Vision	
Astrima Republika	Galibladder disease	Provincing liness	
Gancer	Headaches/Migraines	Storiko	
High Cholesterol	Hernia	Thurrid Disorders	
COPD or other Lung Disease	High Blood Pressure	Other	
Congestive Heart Failure	Kidney Disease		
Your Past Surgical History *			
None	Hysterectomy	Thyroid Surgery	
Appendectomy	Pacemaker	Spleenectomy	
Gall Bladder Surgery	Prostate Surgery	Other	
Heart Surgery	Tonsillectomy		
Hernía Repair	Tubal Ligation		
Continue	Click "Continue" whe	n you have completed your Medical History	
	Onor Continue Wile	ar you have completed your medical mistory.	

Step 5:

When you see the page below, your account is complete and you may exit the system. If you wish to proceed with a visit, please continue to complete the forms.

		Laura
		Si
Walaama ta yayu MaMD Uyaant Care ayatamay yantal	Balasha wa Kathara Manlu Amukara	Profile Information
From here you can edit your profile, review your medical history	and past visit information, or begin a new consultation by clicking "Patient Visit" below.	Login name: Ismith@company.com
If you need phone-based support, please call us at: 855-636-366	9	Name: Laura Smith
If you need phone-based support, please call us at: 855-836-836 Start Patient Visit Click here to start a telehealth visit now	Click "Start Patient Visit" if you	Name: Laura Smith Update Basic Information Update Contact Information