

PortalConnect | our new online patient management system

All of our patients are now required to register for **PortalConnect**, our new online patient management system. There is a \$240 annual fee per patient for this service (\$360 annual fee for households that use the same practice), which covers set-up costs, storage and maintenance of your electronic medical records. Patients will automatically be enrolled in a 30-day trial of PortalConnect so **you can also enjoy the benefits of this new platform!**

PortalConnect makes it easy to:

- Send and receive secure e-mails to the doctor and the office staff
- Make appointments online with the click of a button
- Receive and access all your lab and test results
- Manage your medical record with your doctor
- Access appointment summaries and treatment plans
- Request prescription renewals



All Patients must register.

Please complete the **PortalConnect** registration form below. You will receive an e-mail within 36 hours with instructions to set up your account.

Patient
(Plan Owner)

First Name Last Name

Date of Birth (MM/DD/YYYY) Gender

E-mail Phone () -

Select Card Type     Cash Check

Credit Card # Security Code (CVN)

Expiration Date (MM/YY)

I agree to the terms and conditions

Signature Date

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Patients that want a private access to their own PortalConnect account need a personal e-mail address (not the same e-mail address as the plan owner).

Consent Forms:

- Mandatory for patients aged 12 – 17; sharing with the plan owner won't be activated by phone
- Should not be sent for patients under 12; their electronic medical record is shared with the plan owner

Patient First Name Last Name
Date of Birth (MM/DD/YYYY) Gender
Relationship to Plan Owner: Child Spouse Other

Choose one:

- Patient should have private access to his own PortalConnect account
Personal e-mail address (required):
- Patient grants access to his medical record to Plan Owner and:
 attached a Proxy Form
 should be contacted by phone: () -
-

Patient First Name Last Name
Date of Birth (MM/DD/YYYY) Gender
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Choose one:

- Patient should have private access to his own PortalConnect account
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Plan Owner First Name Last Name
Date of Birth (MM/DD/YYYY)

STAFF: fax to 1-877-635-5030