

GOOD NEWS!



Patient Registration

Welcome to Patient Check-in

To register, please fill-in the following information and click continue

FIRST NAME
Johnathan

LAST NAME
Smith

DATE OF BIRTH
11/22/2000

Continue

Convenient from anywhere

•
Personal data protected

•
Save time and paper

Digital Pre-registration and Check-In

Here's how it works:

1. Click on the eRegistration link in text or email
2. Fill out the forms digitally on your device
3. Upload a photo of your insurance card
4. Optional check-in at visit with your device