

- Home / Dashboard
- My Profile**
- Appointments
- Messages
- Forms / Documents
- Billing

Primary Info Insurance Details Pharmacy Details Preferences

My Details

Prefix <input type="text" value="Select"/>	First Name* <input type="text" value="First"/>	Middle Name <input type="text"/>	Last Name* <input type="text" value="Last"/>	Suffix <input type="text" value="Select"/>	DOB* <input type="text" value="99/99/9999"/>
Sex <input type="text" value="Female"/>	Alternate Name <input type="text"/>	Maiden Name <input type="text"/>	Marital Status <input type="text" value="Select"/>	MRN <input type="text" value="0000000000"/>	SSN <input type="text"/>
Blood Group <input type="text" value="Select"/>	Primary Provider <input type="text" value="Dail, Michelle, MD"/>	Referring Provider <input type="text" value="Dail, Michelle, MD"/>	Primary Facility <input type="text" value="Dundee Pediatrics PLLC"/>		
Mode of Contact <input type="text" value="Select"/>	Preferred Pronouns <input type="text" value="Select"/>		Gender Identity <input type="text" value="Select"/>		
<input type="checkbox"/> I declined / unable to provide Race, Ethnicity and / or Preferred Language i					
Race <input type="text" value="None"/>	Ethnicity <input type="text"/>	Preferred Language <input type="text"/>			

Take Photo

Choose Photo

Add Signature

Contact Details

Address 1* <input type="text" value="123 Main Streer"/>	Address 2 <input type="text"/>	Mobile Number <input type="text" value="999-999-9999"/>	Phone Number <input type="text" value="999-999-9999"/>	Extension <input type="text"/>
Postal / Zip Code* <input type="text" value="99999"/>	City <input type="text" value="Your Town"/>	State / Region <input type="text" value="ST"/>	Fax Number <input type="text"/>	Work Phone Number <input type="text"/>
Email* <input type="text" value="youremail@Provider.com"/>	<input checked="" type="checkbox"/> I decline to receive Statement on E-mail			
Emergency Number <input type="text"/>				

Manage Saved Cards

In this section, you can view all your saved cards. You can select the desired card to make the payment. If you have not yet saved any card, you can click on the "Add New Card" button to make the payment.

Already Saved Cards	Expires
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; align-items: center;"> Visa Credit Card ends with 9999 (Consent ID: 106) </div> <div style="display: flex; align-items: center;"> Restrict Delegate: i <div style="margin-left: 10px;"> <input type="text" value="Select"/> </div> </div> <div style="text-align: right;"> 11/2024 <div style="display: flex; align-items: center;"> ✓ H ▲ </div> </div> </div>	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; align-items: center;"> Visa Credit Card ends with 8888 (Consent ID: 571) </div> <div style="display: flex; align-items: center;"> Restrict Delegate: i <div style="margin-left: 10px;"> <input type="text" value="Select"/> </div> </div> <div style="text-align: right;"> 06/2022 <div style="display: flex; align-items: center;"> ✓ H ▲ </div> </div> </div>	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; align-items: center;"> Visa Credit Card ends with 7777 (Consent ID: 972) </div> <div style="display: flex; align-items: center;"> Restrict Delegate: i <div style="margin-left: 10px;"> <input type="text" value="Select"/> </div> </div> <div style="text-align: right;"> 10/2027 <div style="display: flex; align-items: center;"> ✓ H ▲ </div> </div> </div>	

Add New Card



Current Profile Selected:

Your Child

Enter amount to Pay:

\$ 0.00

[ePay Now](#)

- Home / Dashboard
- My Profile**
- Appointments
- Messages
- Forms / Documents
- Billing

- Primary Info
- Insurance Details**
- Pharmacy Details
- Preferences

Already Saved Insurance List

Insurance	Policy#	Effective Start Date	Effective End Date	Insurance Type
Edit Remove Your Insurance #99999, PO Box 999, Town, ST 99999	999999999	10/1/2024		Primary

Insurance Details

Instructions: You are required to bring your updated insurance card to your next appointment.

Click on Camera icon to upload card pictures.

Insurance*

Policy Number *

Group Number

Insurance Type*

Effective Start Date *

Effective End Date

Group Name

Plan Name

Co Payment Co Insurance

Referral#:

Note

INSURANCE CARD FRONT IMAGE

INSURANCE CARD BACK IMAGE

Subscriber Details Import my details entered earlier

Prefix First Name* Middle Name Last Name* Suffix DOB*

Relationship* Sex* SSN

Subscriber Contact Details Import my details entered earlier

Address 1* Address 2 Mobile Number Phone Number Extension

Postal / Zip Code* City State / Region Fax Number

[Add](#) [Cancel](#)



Current Profile Selected:

Your Child

Enter amount to Pay:

\$ 0.00

ePay Now



Home / Dashboard

My Profile

Appointments

Messages

Forms / Documents

Billing

Primary Info

Insurance Details

Pharmacy Details

Preferences

Note : You can view a list of all the favorite pharmacies in this section. To add pharmacy in your favorite list, you can search and select the pharmacy, and then click the 'Add to Favorite List' button. Later, you can remove them from your favorite list if required. You can also mark the pharmacy as your default pharmacy where you want the practice to prescribe the medication.

Pharmacy	Address	Phone	Fax	
KROGER PHARMACY 01600895	7545 SYLVANIA AVE, SYLVANIA, OH 43560	419-841-6468	419-843-7053	<input type="button" value="Remove from Favorite"/> <input type="button" value="Set to Default"/>
KROGER PHARMACY 01600940	6235 MONROE ST, SYLVANIA, OH 43560	419-885-4738	419-824-9701	<input type="button" value="Remove from Favorite"/> <input type="button" value="Set to Default"/>
SCHMIDT & SONS OF BLISSFIELD	616 W Adrian Street, BLISSFIELD, MI 49228	517-486-2145	517-486-2456	<input type="button" value="Remove from Favorite"/> <input type="button" value="Set to Default"/>

Total Number of Records: 3



- Home / Dashboard
- My Profile**
- Appointments
- Messages
- Forms / Documents
- Billing

- Primary Info
- Insurance Details
- Pharmacy Details
- Preferences**

Communication Preferences

Note: Message and data rates do apply.

We highly recommend that you opt into at least one communication channel per category in order to ensure you receive relevant communication from your provider.

Appointment Reminders: Voice Email Text

Other Practice Communication: To Do Email