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Primary Info **Insurance Details** Pharmacy Details

Already Saved Insurance List

Insurance	Policy#	Effective Start Date	Effective End Date	Insurance Type
Edit Remove CIGNA [PO Box 182223- TN]	12345	1/1/2020		Primary

Insurance Details

Instructions: MEMBER/POLICY NUMBER: Please enter all alphanumeric characters without spaces
 OUT OF NETWORK: The insurance list below does not denote in-network status or our ability to submit out-of-network claims on your behalf
 WE DO NOT ACCEPT: Medicare or Medicaid

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**

INSURANCE CARD FRONT IMAGE

INSURANCE CARD BACK IMAGE

Import my details entered earlier

Subscriber Details

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**

Step 1

Step 2

Step 3

Step 4