My Patient Visit Registration

STEP 1: Go to www.mypatientvisit.com

STEP 2: If you've already created a username & password on My Patient Visit, you can login; otherwise, under "Don't have an account?", click ***Create an account.***

STEP 3: Create a username & password, and enter our practice ID, your first name, last name, date of birth, zip code, & security code (the information you enter must match the information on file with our practice). Check the box acknowledging that you've read and understand the Terms and Conditions, then click ***Create Account***.

<p align="center">Practice ID: EBLLSR</p>

Your security code was provided to you via email. If you need this code again, please contact us.

STEP 4: Select 3 security questions and provide an answer to each, then click ***Continue***.

STEP 5: This should bring you to your My Patient Visit dashboard. Your dashboard should show your next upcoming appointment and give you an option to pre-register or send a message. Click ***Pre-Register*** and complete each section (Demographics, Insurance, Forms, & Finish) clicking ***Next*** each time. Under the forms section, click ***Start Form*** for the form that applies to your type of visit.

Once you complete all necessary sections you will be taken back to your dashboard. From here you can take a photo of yourself, update your demographics & insurance information, send a secure message to our team, and view information regarding your past and upcoming appointments. Your patient balance will also be shown next to your photo if you have one. You can access your patient portal at any time by visiting **www.mypatientvisit.com** and logging in.

Please rest assured that all information provided is kept confidential, secure, and HIPAA compliant.

WELCOME, PLEASE LOG-IN

Log-in with the information you used when you registered.

  Enter Username

  Password

☐ Remember Me

Login

Need help with your login?

LET'S CREATE YOUR ACCOUNT!

USERNAME (LOGIN ID):*	PRACTICE ID*	DATE OF BIRTH:*
Enter	Enter	mm/dd/yyyy

PASSWORD:*	CONFIRM PASSWORD:*	ZIP:*
Enter	Enter	Enter

FIRST NAME:*	LAST NAME:*	SECURITY CODE:*
Enter	Enter	Enter

☑ I have read and understand the Terms and Conditions

*Required field

Create Account   Cancel

JUST IN CASE YOU FORGET YOUR PASSWORD

Please select and answer three security questions from the list below. Your answers will be used to reset your password just in case you happen to forget it.

Question 1:

Select a security question   ▾

Provide your answer