How to set up your Teladoc Health (Teladoc) account

Registration

Step 1: Go to teladoc.com, and click *Register now* in the top right-hand corner.



3:32	uli ♥ III.
Let's start your benef	by finding its
*Required	
First Name*	
Last Name*	
Date of birth*	
MM/DD/YYYY	
Country*	
United States of Ar	merica 🗸 🗸
Zip code*	
Email address*	

Step 2: Once you enter your demographic information, you may reach the *We found a match* screen. Please ensure that the coverage being populated matches your plan name.

If *We found a match* does not appear, you will see the *Select your health insurance* screen. Select the Insurance company "Independence Administrators," enter your member ID number, and select *Next*.

Note: You may be asked for your member ID when making updates to your account or making an appointment.

Note: Do not check the health code box.

Do not check the box indicating you received a Teladoc health code that appears below date of birth. YOU DO NOT NEED A TELADOC HEALTH CODE TO REGISTER.



We need a litt	le more info
*Required	
Please select your health provider below. We use th help match you to your be benefits are provided by y association.	or insurance his information to enefits, even if your your employer or
Health or insurance plan	•
	~
Contin	ue
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Step 3: You will be asked to enter/confirm that your address is correct, create a username and password, answer security questions, enter your phone number, and select your preferred language for visits. After completing these fields, click *Next*.

Once you register, you can log in to your Teladoc account and request a consultation. You can choose the type of provider you want to see, the time and date of your appointment, and the method of communication. You can also upload any relevant medical records or images.

You will receive a confirmation email and a reminder before your appointment. You can also cancel or reschedule your appointment if needed.

	-
Nearly done. provide your and phone	please address
Required	
Street address 1*	
)
Street address 2 (optio	nal)
City*	
Country*	
United States of Ame	erica 🗸

Perfect!	Let's tie up
Required	5
Jsername*	
Password*	
• use 10-20 chan • include at least letter	acters one number and one
Confirm Passwor	d*
Each security quest more than once. An characters with no	tion cannot be selected iswers must be at least 2 special symbols.
Country*	

Step 4: Complete your medical history if you are seeking to do a Teladoc visit. Some questions may be specific to your gender and age. If you do not need care at this time, there are links to *Add a dependent* or *Go to my homepage*.

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Are you ready to get care?

Before you can see a provider, share some information about your nearb, lifestyle and family history. This yout tales a few minutes, and you'l only need to do it once. Complete another history Don't need care yet? Explore other options.

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Go to my homepage

