PATIENT REGISTRATION PORTAL INSTRUCTIONS



To begin registration process, scan the 2D barcode to the right with your phone or tablet camera, or enter the following URL to your internet browser: https://mhl.nolims.app/users/sign_up?access_code=CONWAYDANVILLE

MOBILITY

FIRST NAME

ST NAM

DDRESS

Edit My Information

🙁 Hi, John







Create An Account

First/Last Name Date of Birth **Email Address** Gender

Password

Dashboard Tab

Shows any existing samples you've previously submitted

Enter additional

My Info Tab

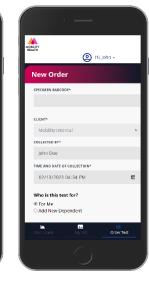
personal information on "My Info" tab:

Address

Phone Number Upload image of ID (optional)

Under "Billing Information", be sure to fill out the name of your insurance carrier and your Member ID / Policy Number. Also upload images of

the front and back of vour health insurance card. You can also use your phone's camera to take these photos.



Order Test Tab

Enter the letter/number combination on your collection kit's QR code label in the "Specimen Barcode" field.

Select desired test

Answer exposure / symptom questions Submit order

MOBILITY HEALTH 🙆 Hi, John -Dashboard MOBILITY HEALTH RE0023388 [John Doe] COVID/Flu/RSV legislered: 02/13/2023 04:41 PM

You must provide valid health insurance information and indicate symptoms and/or suspected exposure to be eligible for insurance coverage, otherwise you will be prompted to pay by credit card.

Results will be posted to your portal account and emailed/texted to you via an encrypted link.

MOBILITY

PAYER NAM

RIMARY GROUP #

Y POLICY HOLDE

NCE CARD FRONT

Choose File No file chosen

Choose File No file choser My into

BY RELATIONSHIP TO PATIENT

🙆 Hi, John -