## 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=NEWAMDRUGMART





**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 personal information on "My Info" tab:

Address

Phone Number (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

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 -

your phone's camera to take these photos.





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.

## Upload image of ID vour health insurance card. You can also use

MobilityHealthLab.com | 5155 Financial Way, STE 15 Mason, OH 45040 | (513) 972-4621