See a Doctor Within Minutes

Physicians can treat most common non-emergency medical conditions over video.

Psychologists and psychiatrists can address non-emergency emotional or mental health issues.

Get Started

Tell us a little more and we'll get you in to see our providers. Creating an account is free!

Email Address

Password

- 8 characters minimum
- One uppercase character
- One lowercase character
- One number

Date of Birth

MM/DD/YYYY

I agree to Doctor On Demand's Terms of Use and Informed Consent.

Create Account
Set Up Your Profile

Let's get started with some basic information

First Name

Middle Name (optional)

Last Name

Phone Number
Type
(555) 555-5555 Mobile

Gender

Male
Female
Other

Continue
Select the company that helps cover your video visits:

Company X

Company Y

Company Z

Not in this list?

Search for another company
Are you a plan participant of Sound Health and Wellness Trust?

Yes
No
Member is required to enter their member id.
Please enter the information below exactly as it appears on your health insurance card so we can verify your coverage.

*Note:* These fields are case sensitive!

**Member ID:**
U013123456

[Submit]

[Skip for now >]
Please confirm your mailing address and phone number

Address 1:
Test Address
Required

Address 2:

City:
Test
Required

State:
Alabama
Required

Zip Code:
00000
Required

Phone Number:
5555555555

Submit
Success!

Thank you for becoming a member of Doctor On Demand.

We look forward to serving your health care needs.

Please note: Any eligible family members 18 years or older must create a new account to use Doctor On Demand.
Employer added
See below for a summary of Doctor On Demand services.

YOUR COST

Medical Doctor  FREE

Ok, Great!
Welcome, John

You're all set. Now you can see a doctor or psychologist from the comfort of your home.
If member has already registered, they can add benefits by clicking “My Account”.
Welcome, John! Choose a type of video visit.

Medical
Adults & Children
See a Doctor Now
Schedule an appointment

Mental Health
Adults & Children
Schedule an Appointment
Take an assessment
Contact Information

Your Name
John Doe

Street Address
Test Address

Address (Continued)

City
Test

State Zip
Alabama 00000
Member enters “Sound Health and Wellness Trust,” then clicks “Submit”
Are you an plan participant of Sound Health and Wellness Trust?

Yes

No
Complete the form so we can verify your eligibility

Date of Birth:
1980-05-01

First Name:
John

Member ID:
U013123456

Submit
Please enter the information below exactly as it appears on your health insurance card so we can verify your coverage.

**Note:** These fields are case sensitive.

Member ID:

U013123456

Submit

Skip for now >
Please confirm your mailing address and phone number

Address 1:
Test Address

Address 2:

City:
Test

State:
Alabama

Zip Code:
00000

Phone Number:
5555555555

[Submit Button]
Success!

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Ok, Great!