A woman and a young girl are looking at a smartphone together in a kitchen. The woman is smiling and looking at the phone, while the girl is holding it. The background shows a kitchen sink and a tiled wall.

dr. on demand

Sound Health and Wellness Trust Doctor On Demand Registration Experience

April 2018

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!

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

Date of Birth

- I agree to Doctor On Demand's [Terms of Use and Informed Consent.](#)

 [Create Account](#)

Already a Member? [Sign In](#)



Set Up Your Profile

Let's get started with some basic information

First Name

Middle Name (optional)

Last Name

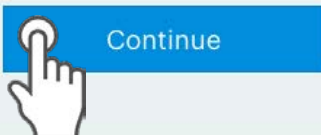
Phone Number

Type

Male

Female

Other



Select the company that helps cover your video visits:

Company X

Company Y

Company Z



[Not in this list?](#)

Search for another company

OR

1



We take health insurance

Search for your insurance provider to see if you're covered.



e.g. Humana, UnitedHealthcare

Continue



[Skip Insurance >](#)
You can see a doctor without insurance.

2

Enter your employer below:

Submit

[Skip](#)

Basic Info

Health Insurance

Coverage

Are you an plan participant of
Sound Health and Wellness Trust?



Yes

No

Basic Info

Health Insurance

Coverage



Complete the form so we can verify
your eligibility

Date of Birth:

1980-05-01

First Name:

John

Member ID:

Submit

Member is required
to enter their member

id



Basic Info

Health Insurance

Coverage



Complete the form so we can verify
your eligibility

Date of Birth:

1980-05-01

First Name:

John

Member ID:

U013123456|

Submit

Basic Info

Health Insurance

Coverage

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



Basic Info

Health Insurance

Coverage



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.



OK

Basic Info

Health Insurance

Coverage



SOUND HEALTH
& WELLNESS TRUST

Employer added

See below for a summary
of Doctor On Demand services.

YOUR COST

Medical Doctor

FREE

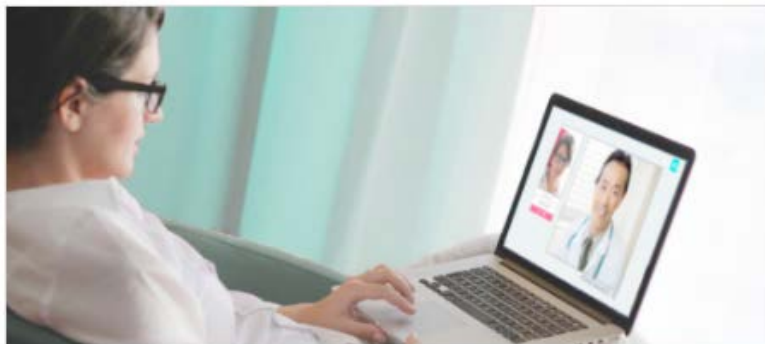
Ok, Great!



Basic Info

Health Insurance

Coverage



Welcome, John

You're all set. Now you can see a doctor or psychologist from the comfort of your home.

Enter





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](#)

Board-certified Doctors &

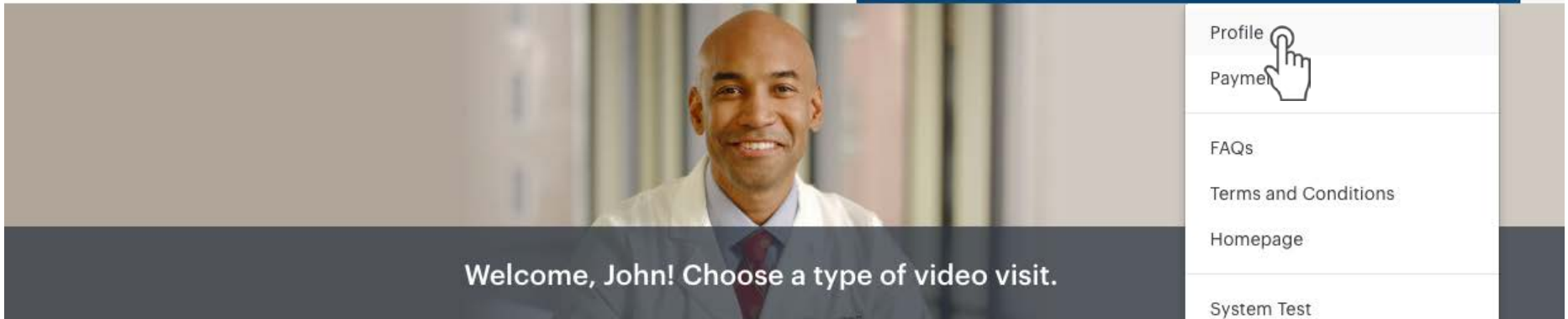
Mental Health

Adults & Children



[Schedule an Appointment](#)

[Take an assessment](#)

Licensed Psychologists & Board-



Welcome, John! Choose a type of video visit.

- Profile 
- Payment 
- FAQs
- Terms and Conditions
- Homepage
- System Test
- Contact Support
- Sign out

Medical

Adults & Children

See a Doctor Now

[Schedule an appointment](#)

Mental Health

Adults & Children

Schedule an Appointment

[Take an assessment](#)

PROFILE

 [Contact Information](#)

 [Email & Password](#)

 [Insurance](#)

 [Employer](#)

 [Return Home](#)

Contact Information

Your Name

John Doe

expand



Street Address

Address (Continued)

City

State

Zip

PROFILE

 Contact Information

 Email & Password

 Insurance

 Employer

[< Return Home](#)

Enter your employer below:

Employer

Submit



Member enters "Sound Health and Wellness Trust," then clicks "Submit"

PROFILE

 Contact Information

 Email & Password

 Insurance

 Employer

[Return Home](#)

Are you an plan participant of Sound
Health and Wellness Trust?

Yes

No



PROFILE

 Contact Information

 Email & Password

 Insurance

 Employer

[< Return Home](#)

Complete the form so we can verify
your eligibility

Date of Birth:

1980-05-01

First Name:

John

Member ID:

U013123456



Submit

PROFILE

 Contact Information

 Email & Password

 Insurance

 Employer

[< Return Home](#)

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 >](#)

PROFILE

Contact Information

Email & Password

Insurance

Employer

Return Home

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

PROFILE

 Contact Information

 Email & Password

 Insurance

 Employer

[< Return Home](#)

Success!

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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.



OK

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& WELLNESS TRUST

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Medical Doctor

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Ok, Great!

A woman and a young girl are looking at a smartphone together in a kitchen. The woman is leaning over the girl, who is holding the phone. They both appear to be smiling and looking at the screen. The background shows a kitchen sink with a faucet and a tiled wall.

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