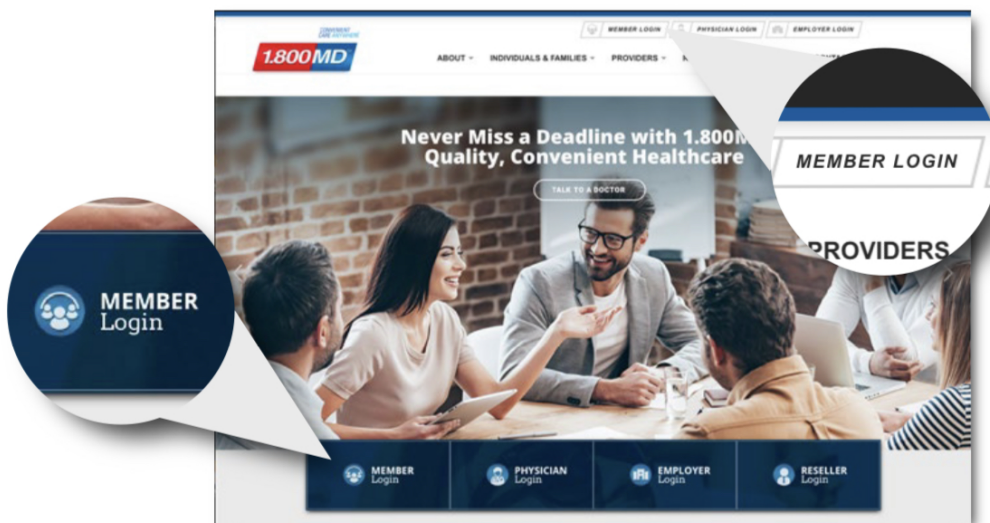


HOW TO ACCESS Talk To A Doctor 24/7/365

1

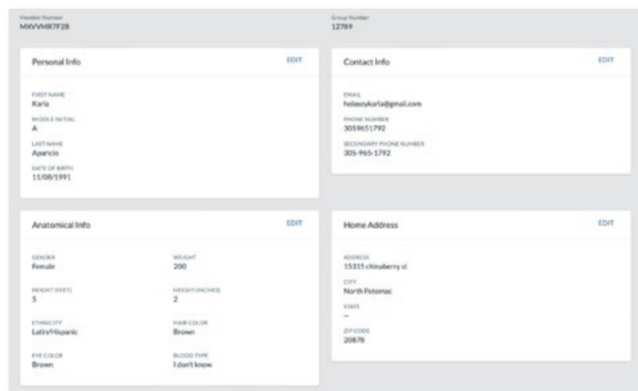
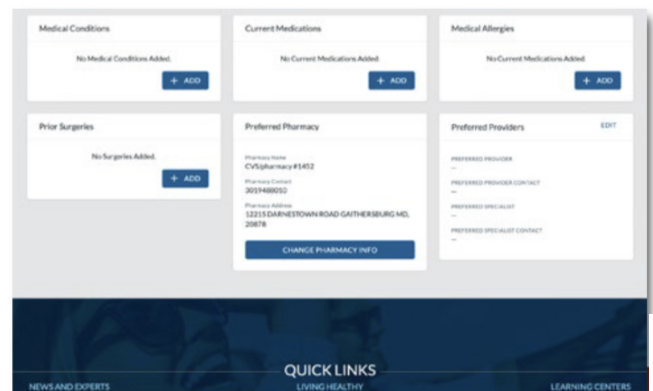
Visit www.1800md.com or call 1-800-530-8666 and initiate your session.



For a better
experience use
Chrome or Firefox

2

Once you initiate your session, please enter your **medical history**.

A screenshot of the 1.800MD member profile page. It displays various fields for personal and contact information, including name, email, phone number, date of birth, gender, weight, height, ethnicity, and home address. Each section has an "EDIT" button.A screenshot of the 1.800MD member profile page showing medical history information. It includes sections for Medical Conditions, Current Medications, Medical Allergies, Prior Surgeries, Preferred Pharmacy, and Preferred Providers. Each section has an "ADD" button.



A SUBSIDIARY OF ONE80
INTERMEDIARIES



3 Next select the **consultation method**.

Email	Telephone	Video
 Have a question-ask the doctor. Email consultations are informational only. 1.800MD cannot diagnose or prescribe medications through an email consultation. If you are sick and need treatment choose between a telephone and video consultation. Email consultations are available between 7:00AM - 9:00 PM local time. Please allow up to 2-hours for a physician response.	 Telephone consultations are available 24/7/365 on demand (within 1-hour) and by appointment. Telephone consultations allow for the diagnosis and treatment of minor medical conditions including Non DEA controlled prescription medication when appropriate.	 Video consultations are available by scheduled appointment between the hours of 7:00 AM - 9:00 PM local time. Video consultations allow for the diagnosis and treatment of minor medical conditions including Non DEA controlled prescription medication when appropriate.
FREE REQUEST	FREE REQUEST	FREE REQUEST

Bare in mind that email encounters are informative only and no medications may be prescribed.

4 Answer all preliminary questions and enter your **preferred pharmacy**.

Who is this consultation for?*

Karla Aparicio

Primary Symptom*

Allergies

Please list any secondary symptoms

Sore throat

What are your primary concerns?*

My allergies are acting up

BACK NEXT

5 Select the preferred time to receive your **consultation**.

Would you like to add an image or file to share with your provider?

Would you like to send your consultation records to your primary care physician? **

Requested Date*

03/10/2022

Requested Time*

6:00 PM - 8:00 PM

Where would you have sought treatment if you did not have access to 1.800MD?*

Primary care physician

By selecting Yes, I authorize 1.800MD to send my continuity of care record (CCR) to my primary care physician. I understand that my CCR contains personal medical information that was obtained during my 1.800MD consultation.

BACK SUBMIT

6 Agree to the **terms and conditions** and confirm the consultation.

Independent contractor physicians, care givers, and /or professional corporations, my employers Workers Compensation carrier, and, as applicable, the Social Security Administration, the Health Care Financing Administration, the Peer Review Organization acting on behalf of the federal government and/or any other federal or state agency for the purposes of satisfying charges billed and/or facilitating utilization review and/or otherwise complying with the obligations of state or federal law. Authorization is hereby granted to release health record data and/or copies to my attending and/or admitting healthcare professional and/or any consulting healthcare professional and/or any healthcare professional I may be referred to for follow up care. I further authorize 1.800MD and any other healthcare provider or professional rendering services to me to obtain from any source medical history, examinations, diagnoses, treatments and other health or insurance authorization information for the purposes of satisfying charges billed and/or facilitating utilization review, providing medical treatment and/or the evaluation of such treatment, and/or otherwise complying with the obligations of federal law. A photocopy of this Authorization may be honored.

☒ I acknowledge and agree to the Terms and Conditions and Consent to Treatment stated above.

☒ I understand that I am requesting a video consultation with a 1.800MD provider. If I am unavailable to accept the video connection, I realize that a \$40 consult fee may be charged if I request an additional video connection from a provider or reschedule my consultation at a later time.

Disclaimer: Please be advised that 1.800MD physicians do not prescribe narcotic pain medications, DEA controlled substances, or lifestyle drugs. The physician may be calling from a blocked or unavailable number, please answer all calls as it may be the doctor.

CANCEL SUBMIT REQUEST

7 Receive care.



www.1800MD.com



1.800.530.8666