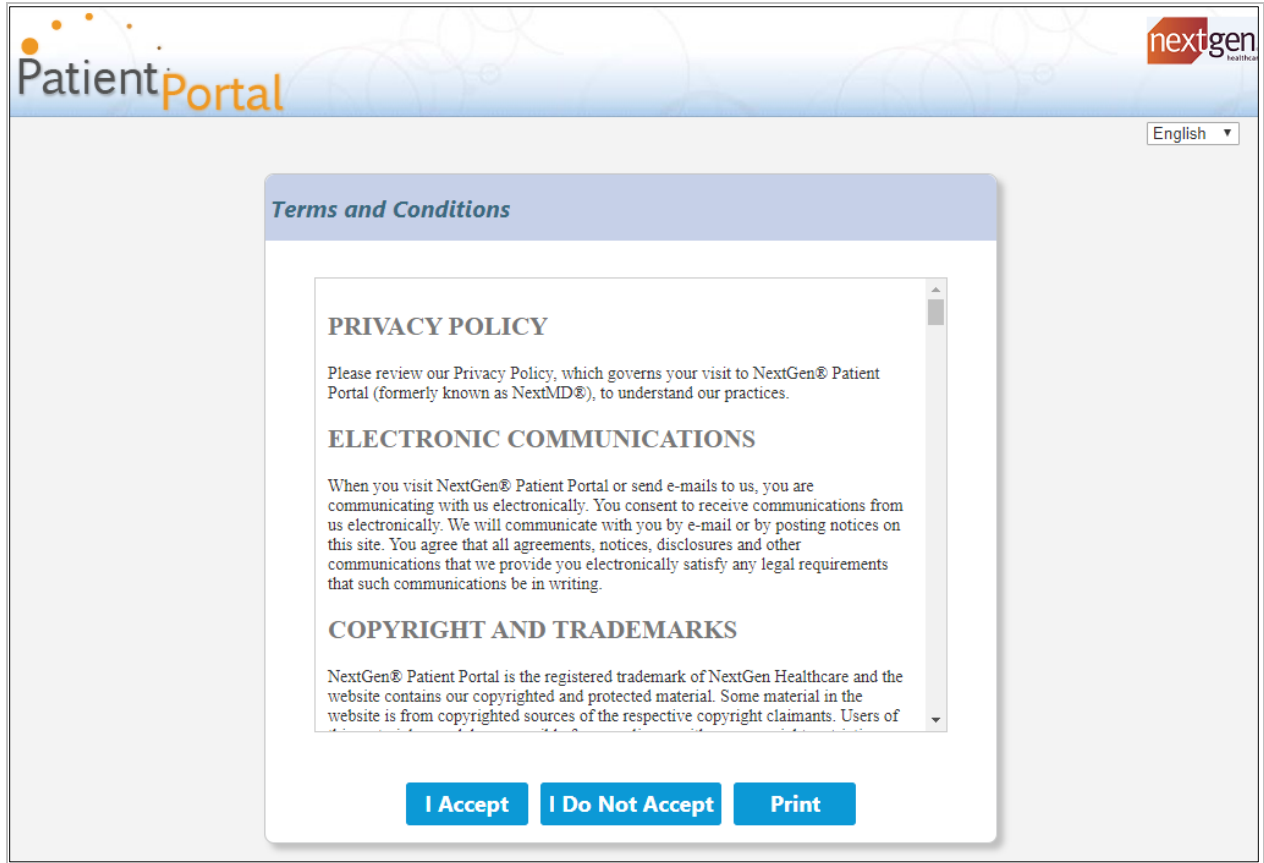


Patient Instructions to Self-Enroll

Click here [Coquille Patient Portal Enrollment](#) and follow these steps:

1. Click: I Accept



The screenshot shows the 'Patient Portal' interface. At the top left is the 'Patient Portal' logo, and at the top right is the 'nextgen healthcare' logo. A language dropdown menu is set to 'English'. The main content area is titled 'Terms and Conditions' and contains three sections: 'PRIVACY POLICY', 'ELECTRONIC COMMUNICATIONS', and 'COPYRIGHT AND TRADEMARKS'. Each section has a brief paragraph of text. At the bottom of the content area are three buttons: 'I Accept', 'I Do Not Accept', and 'Print'.

Terms and Conditions

PRIVACY POLICY

Please review our Privacy Policy, which governs your visit to NextGen® Patient Portal (formerly known as NextMD®), to understand our practices.

ELECTRONIC COMMUNICATIONS

When you visit NextGen® Patient Portal or send e-mails to us, you are communicating with us electronically. You consent to receive communications from us electronically. We will communicate with you by e-mail or by posting notices on this site. You agree that all agreements, notices, disclosures and other communications that we provide you electronically satisfy any legal requirements that such communications be in writing.

COPYRIGHT AND TRADEMARKS

NextGen® Patient Portal is the registered trademark of NextGen Healthcare and the website contains our copyrighted and protected material. Some material in the website is from copyrighted sources of the respective copyright claimants. Users of

I Accept **I Do Not Accept** **Print**

2. Click: Sign up for new account

Welcome to Patient Portal

Sign up for a new account

Add to an existing account

3. Select Practice: Ko-Kwel Wellness Center...Click Next

Select Medical Practice

* Practice:

Ko-Kwel Wellness Center ▼

NEXT **CANCEL**

4. Fill in Your Personal Information...Click Next

Enter personal information

* First Name * Last Name

* Address 1: Address 2:

* City * ZIP code * State

* Country

* Phone (123-456-7890) Extension * Date of birth

* Email address * Confirm email address

5. Optionally provide Insurance information or skip it...Click Next

Enter insurance information (optional)

I am self-insured

Insurance/payer name

Policy number:

Group name

Group number


Enter claim mailing address (optional)

Address 1

City ZIP code State

Country

Phone (215 - 456 - 7890) Extension

I'm not a robot  reCAPTCHA
Privacy - Terms

6. Create username and password then click Next

Set up account

* Username

× Use 6-50 characters

* Password

× Use 8 or more characters
× Use upper and lower case letters (e.g. Ba)
× Use a number (e.g. 1234)
× Use a [special character](#) (e.g. \$^%)
× Avoid including commonly used passwords (e.g. 'password')

* Confirm Password

NEXT **CANCEL**

7. Set up security questions then click Next.

Set up security questions

Please select five unique security questions, then enter your answers.

* Security question 1

* Answer 1

* Security question 2

* Answer 2

* Security question 3

* Answer 3

* Security question 4

* Answer 4

* Security question 5

* Answer 5

7. Complete enrollment:

Submit enrollment request

Thank you!

Select "Complete Enrollment" to send your enrollment request to the practice for approval. You will receive an email once it has been approved.

If you would like to request an appointment, you can do so by clicking on the button below.

[Complete Enrollment](#)

[Request an Appointment](#)

8. View confirmation:

Pending approval

Thank you!

Your enrollment request has been submitted and is pending approval from the practice.

9. Once Ko-Kwel Wellness Center (KWC) staff confirm your patient identity in our system, they will approve enrollment and you will receive an email confirming enrollment. You can now access your health records.



NextGen Patient Portal Approved Enrollment Request

To: Bravo

This email is to notify you that you have successfully completed the NextGen Patient Portal enrollment process and your practice has approved your enrollment request.

Please retain this email for your records.

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message

For questions, email patientportal@coquilletribe.org