

How to Register Via Mobile App and Web

Registration- Mobile App



Username

A text input field for the username, currently displaying seven black dots to indicate that the text is hidden.

Password

A text input field for the password, currently empty.

Remember my username

Sign In

[Forgot username?](#)

[Forgot password?](#)

[Set up your account](#)

Registration- Mobile App

Let's start by finding your benefits

First name

Last name

Date of birth

Country

Zip code

Date of birth *

Country *

Zip code *

Email address *

Gender * Preferred language *

I have a promo code

Continue

Already have an account? [Log in](#)

Registration takes 5-10 minutes.

Please note that first and last name, Date of birth and Zip code must match what shows in your benefits enrollment to move forward.

If information does not match, member will be asked for their insurance information.

Once eligibility is confirmed, you will be asked for:

- Preferred Pharmacy
- Brief Medical History

*If more than one benefits plan is presented, Select **Bay District Schools**

Accessibility

- Teladoc Health is committed to ensuring our services are accessible to all members. We support several languages, including American Sign Language, through 3-way visits with an interpreter.
- When registering, members select their preferred language, and then can request a visit anytime they need care. For ASL however, members can only schedule visits at this time.

The image shows a mobile application interface for a registration form. The main form is titled "Personal Details" and is divided into two sections: "The Basics" and "Contact Information".

The Basics Section:

- A note: "*All fields are required unless otherwise noted."
- Fields: Prefix (Optional), First Name (Test), Middle Name (Optional), Last Name (Member), Suffix (Optional), Date of Birth (01/01/1984), Gender (Female), and Language (English).
- Buttons: CANCEL and SAVE.

Language Selection:

A dropdown menu is open for the "Language" field, showing a list of options: English (highlighted), Spanish, Arabic, Mandarin, French, Hindi, Portuguese, Russian, Japanese, German, Korean, Turkish, Vietnamese, American Sign Language, and Other.

Contact Information Section:

- Fields: Primary Phone (+1), Secondary Phone (No), Hearing Impaired (Relay Required) (No), Email (cno@members.teladoc.com), and Subscriptions (Manage Subscriptions).

Language Selection Modal:

A separate modal window is shown on the right, titled "Preferred language". It has a "Gender" dropdown and a "Preferred language" dropdown set to "American sign lan...". Below the dropdowns is explanatory text about ASL visits and a "CONTINUE" button.

Footer:

At the bottom of the modal, there is a section for "Already have an account?" with a "Log in" link, and a navigation bar with "Prev", "Next", and "Done" buttons.

Medical History- Mobile App

You cannot start service until you complete the medical history

If you need assistance, please call Teladoc Member Services at 1-800-Teladoc (835-2362)

Louis's medical history

A complete and accurate medical history is important for our providers to ensure they have the information they need to provide your treatment plan.

[View or Print Your Medical History.](#)

Height (feet) Height (inches)

Weight (lbs)

Save

Medication(s) Add new +

No medication history

Allergies Add new +

No allergy history

Lifestyle

Has your child been reaching his/her developmental milestones?

Are your child's immunizations up to date?

Save

Health Problems

ASTHMA	<input type="checkbox"/>
SEASONAL ALLERGIES	<input type="checkbox"/>
EAR INFECTION	<input type="checkbox"/>
BLEEDING DISORDERS	<input type="checkbox"/>
HEADACHES/ MIGRAINE	<input type="checkbox"/>
PNEUMONIA	<input type="checkbox"/>
EAR TUBES	<input type="checkbox"/>
DIABETES	<input type="checkbox"/>

Save

Registration- Webpage View

<https://www.teladoc.com/>



[How it works](#)

[Our services](#) ▾

[Quality care](#)

[Testimonials](#)

[🔍](#) [📍 USA](#) ▾

[👤 Sign in](#)

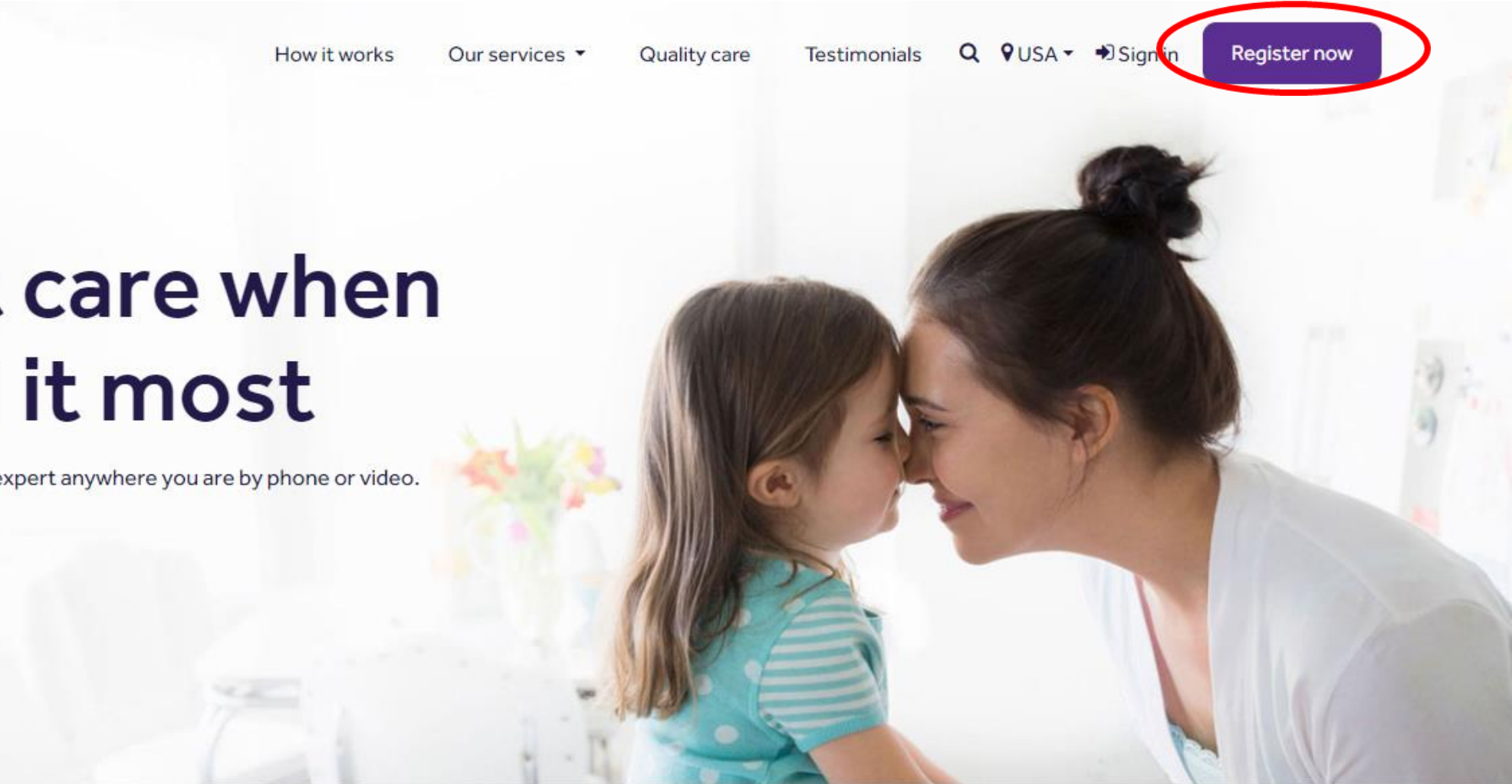
[Register now](#)

The right care when you need it most

Talk to a doctor, therapist or medical expert anywhere you are by phone or video.

[Get started now](#)

[How it works](#) →



Registration- Webpage View

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< Back

Confirm Coverage Create Account Get Care

Tell us about you

Enter your information just as it appears on your health insurance card or pay stub.

* Required

First Name*

Last Name*

Email*

Country*

United States Of America

ZIP code*

Sex assigned at birth*

Please Select

Month of birth* Day* Year*

MM DD YYYY

I received a Teladoc code from my employer or insurance company

Next

Do NOT check box for a
Teladoc Code. Click Next and
then fill out the necessary
information to create your
account.