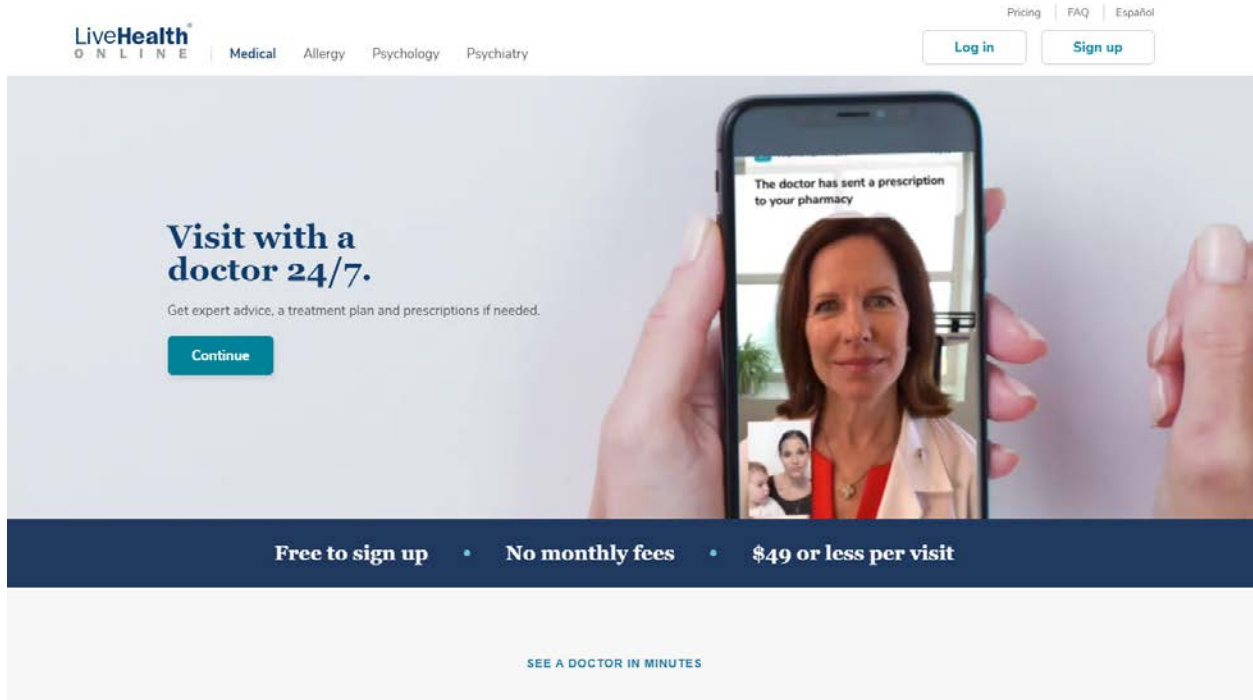


UCSHIP LiveHealth Online – step by step instructions with screen shots for campus use

1) Log onto livehealthonline.com



2) After clicking the sign up page, input your information, and the next step will ask for your current location, date of birth and male/female



- 3) If you have UCSHIP, click 'yes' to having health insurance and select 'Anthem Blue Cross (CA)' and input your Anthem Health Care ID number (you can locate this from your ID card found on the Student Application”

If you don't have UCSHIP, you can still input your other carrier information (i.e. parents plan) to see if you qualify.

If you do not have insurance, select No or Skip this step

The screenshot shows the 'LiveHealth ONLINE' registration interface. The main heading is 'Do you have health insurance?'. Under this heading, there are three radio button options: 'Yes', 'No', and 'Skip this step / My plan isn't listed'. The 'Yes' option is selected. Below the 'Yes' option, there is a note: 'Insurance may cover all or part of your visits. If your plan isn't listed, you can still have a visit.' This is followed by a dropdown menu currently showing 'Anthem Blue Cross (CA)' and a text input field containing 'XDPCA#####'. Below these fields is the question 'Are you the Primary Subscriber?' with three radio button options: 'Yes', 'No', and 'Skip this step / My plan isn't listed'. The 'Yes' option is selected. A 'Service Key' section follows, with a note: 'If you received a key from your employer or another group, enter it here. More info'. There is a text input field for the 'Service Key (optional)'. At the bottom of the form is a green 'Finish' button. To the right of the form, a callout box titled 'Subscriber ID Card' displays a sample of an Anthem Blue Cross ID card. The card includes fields for Member Name, Member Identification Number, Group Name, Plan, and ID Number.

LiveHealth ONLINE

Do you have health insurance?

Yes
Insurance may cover all or part of your visits. If your plan isn't listed, you can still have a visit.

Anthem Blue Cross (CA) ▼

XDPCA#####

Are you the Primary Subscriber?

Yes No Skip this step / My plan isn't listed

Service Key
If you received a key from your employer or another group, enter it here. [More info](#)

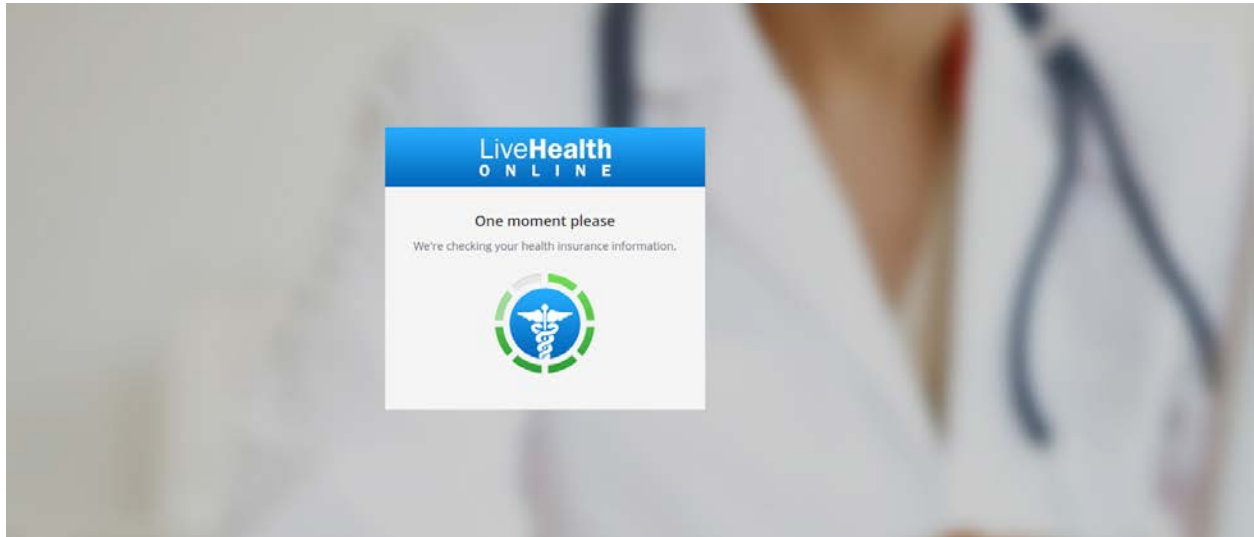
Service Key (optional)

Finish

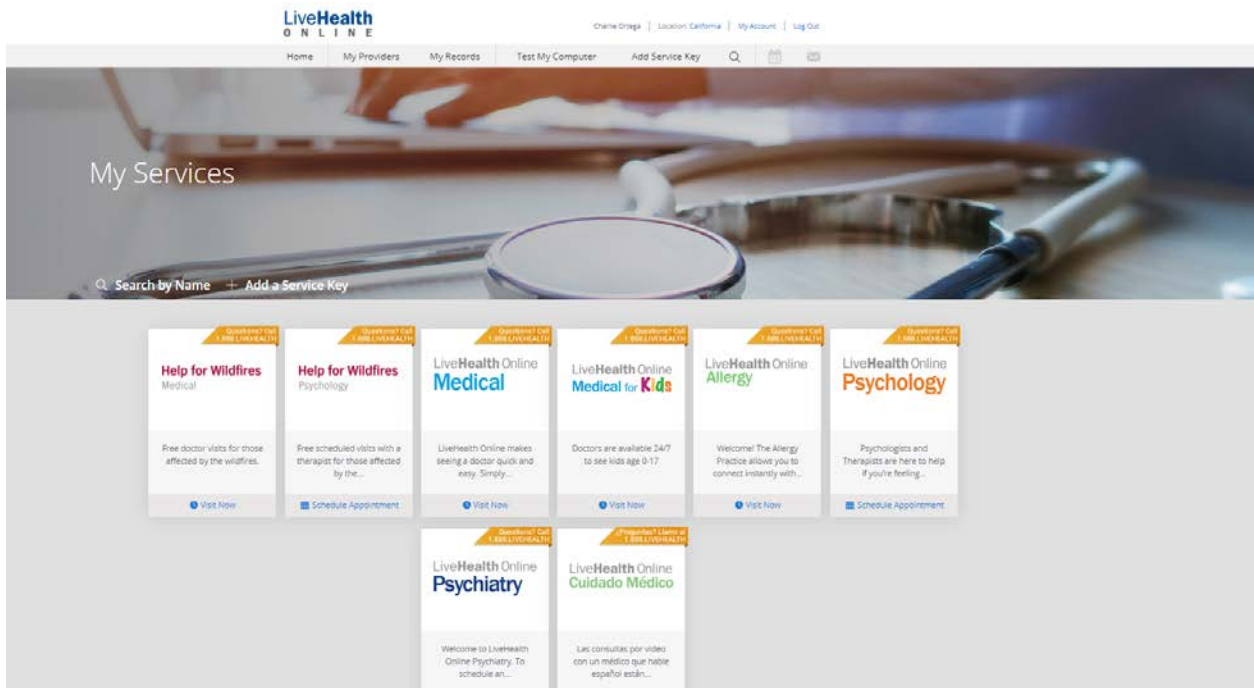
Subscriber ID Card

Anthem Blue Cross
Member Name
Member Identification Number
Group Name
Plan
ID Number

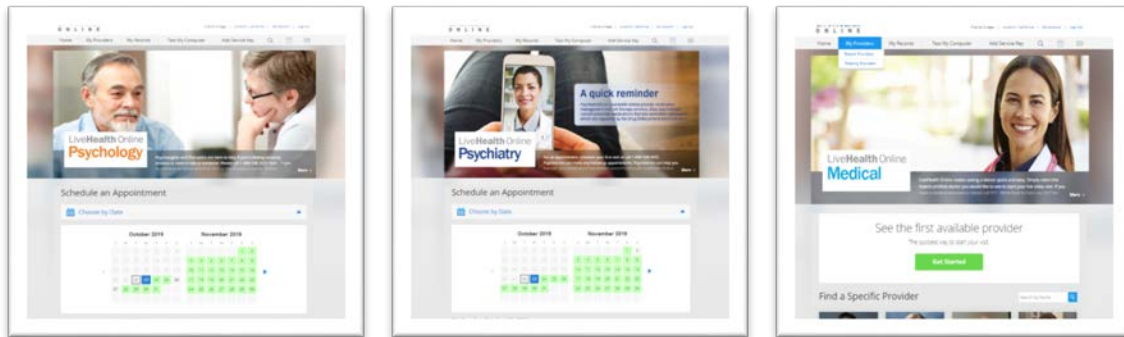
4) The system will check your eligibility



5) Once you create your account, you will be taken to the home page in which you can select the different practices on LiveHealth Online (please note – the below screen shot is the default)



- 6) Once selecting the service you want to use, you will be taken to the provider / date selection



- 7) Once you find a provider and a date that works for you, you will be brought into scheduling the appointment. Please input your phone number for the provider to reach out for follow up care, if needed

LiveHealth
ONLINE

Charlie Ortega | Location: California | [My Account](#) | [Log Out](#)

Schedule Appointment

Wednesday, October 23, 2019 at 8:00 AM PDT with Rafi James, Therapist

Who is this visit for?

Myself

My child

Where can this provider call you for follow-up, if needed?

- -

[Back](#) [Continue](#)

If you prefer to schedule by phone, call 1-888-LiveHealth (1-888-548-3432).

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- 8) Input your credit card information – this is necessary even if your copayment is \$0. You will not be charged even if you have a copayment until the time of service.

LiveHealth
ONLINE





Charlie Ortega | Location: California | My Account | Log Out

Schedule Appointment - Payment Method

Wednesday, October 23, 2019 at 8:00 AM PDT with Rafi James, Therapist

Appointment Cancellation Policy: You may be charged \$25 if you miss this appointment or cancel the appointment with less than 24 hours' notice. If you need to reschedule or cancel your appointment, visit us online or by calling 1-888-LiveHealth.

Credit Card Information

Month Year

Billing Address

State

If you prefer to schedule by phone, call 1-888-LiveHealth (1-888-548-3432).

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- 9) Once you input your information – you will confirm your appointment (for Behavioral Health visits)

The screenshot shows the 'Appointment Details' page on the LiveHealth ONLINE website. At the top left is the 'LiveHealth ONLINE' logo. At the top right, the user's name 'Charlie Ortega' is displayed, along with 'Location: California', 'My Account', and 'Log Out' links. The main content area features a calendar icon and the title 'Appointment Details'. Below this is a profile picture of a man in a blue jacket, identified as 'Rafi James, Therapist'. The appointment is scheduled for '8:00 AM PDT, Wednesday, October 23, 2019'. There are two blue buttons: 'Cancel' and 'Schedule Appointment'. Below the buttons, a note states: 'If you prefer to schedule by phone, call 1-888-LiveHealth (1-888-548-3432)'. The footer contains copyright information for Health Management Corporation and American Medical Association, along with links for 'Terms of Use', 'Privacy Policy', and 'Contact Us'. A warning box at the bottom left says 'You must log out before leaving this website.' and the 'Powered by American Well' logo is at the bottom right.

- 10) Once it is your appointment time, you will be asked to log into the site for your appointment. Please check your email or log in during the time of your appointment

11) From there, you will be asked why you are seeing the provider

LiveHealth
ONLINE

Charlie Ortega | Location: California | My Account | Log Out

✓ Get Started | **Your Visit** | Pharmacy | Payment

Your Visit

What would you like to discuss today?

<input type="checkbox"/> Anxious or Depressed Mood	<input type="checkbox"/> Headache
<input type="checkbox"/> Cold	<input type="checkbox"/> Rash
<input type="checkbox"/> Fever	<input type="checkbox"/> Stomachache
<input type="checkbox"/> Flu-Like Symptoms	<input type="checkbox"/> Other <input type="text"/>

What is your current physical address in the event of a medical emergency?

Are you allergic to any medications?

Are you now or could you be pregnant?

I acknowledge receipt of these Notice of Privacy Practices

Back **Continue**

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12) Input any medical history that you find appropriate. This will help the doctor review your records prior to seeing you

✓ Get Started

Your Visit

Pharmacy

Payment

Medical History

CONDITIONS


Have you ever been diagnosed with any of the following conditions?

- | | |
|---|---|
| <input type="checkbox"/> Alcohol Use Disorder | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Gastrointestinal Bleeding |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Heartburn, Reflux |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> High Blood Pressure/Hypertension |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Breast Disease | <input type="checkbox"/> Immune Deficiency |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Kidney Stones |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Macular Degeneration |
| <input type="checkbox"/> Chronic Liver Disease | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Chronic Wounds | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Overactive Bladder |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> COPD (Emphysema, Bronchitis) | <input type="checkbox"/> Prostate Disease |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Pulmonary Emboli (lung clots) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes (Type 1) | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Diabetes (Type 2) | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> DVT (leg clots) | <input type="checkbox"/> Thyroid Disease (Low or High) |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Ulcerative Colitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Urinary Incontinence |

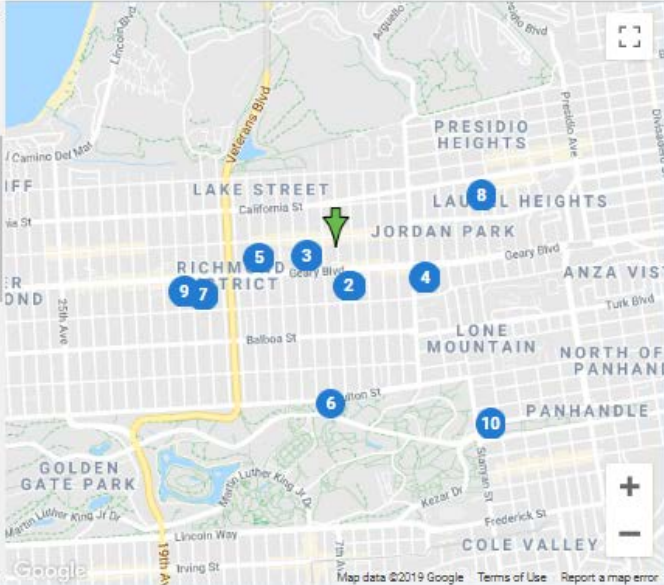
13) Select the pharmacy that is close to your location (if appropriate)

Get Started Your Visit **Pharmacy** Payment

Pharmacy

94118 

All Pharmacies **Retail** Mail Order

(415) 833-3295	
3 Walgreens #03849 0.2 miles RETAIL 745 CLEMENT ST SAN FRANCISCO, CA 94118 (415) 668-5250	
4 CVS/pharmacy #10330 0.3 miles RETAIL 3600 Geary Blvd San Francisco, CA 94118 (415) 668-6083	
5 NEMS CLEMENT PHARMACY 0.4 miles RETAIL 1033 CLEMENT STREET SAN FRANCISCO, CA 94118 (415) 352-5182	

Previous | Next

Back **Skip**

14) You will be asked again to review and confirm your health care coverage

LiveHealth
ONLINE

Charlie Ortega | Location: California | [My Account](#) | [Log Out](#)

✓ Get Started | ✓ Your Visit | ✓ Pharmacy | **Payment**

Insurance

I have insurance
Insurance may cover all or part of your visits. If your plan isn't listed, you can still have a visit.

Are you the Primary Subscriber?

Yes No

I don't have insurance

My plan isn't listed / Prefer not to answer

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15) The system will check your eligibility and then show your responsibility. If you have a coupon code from your school, please insert it here

LiveHealth
O N L I N E

Charlie Ortega | Location: California | My Account | Log Out

✓ Get Started | ✓ Your Visit | ✓ Pharmacy | **Payment**

Payment

Your Cost: **\$49.00** COUPON CODE **Apply**

Credit Card Information

Use credit card ending in 2008

Use a different credit card

Cancel **Continue**

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You will then be able to see a provider. Once you complete your visit you will be asked a short questionnaire about your experience. Please make sure to fill it out. If you need access to your medical visit to share with the student health center, you will find this under My Records > Previous Visits. You will be able to share that with your Student Health Center or other providers.