

# Patient Portal Instructions

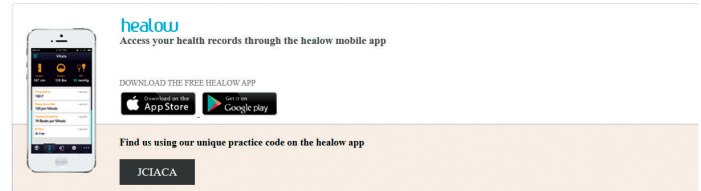
Our patient portal is secure, convenient, and easy-to-use. Access to the patient portal gives you round-the-clock access to your healthcare and important information. In addition to the online patient portal, we are also proud to offer the healow™ smartphone app for your convenience. With the free healow™ app, you can manage multiple accounts, set reminders, and use trackers to help manage your health.

## Welcome

HealthCare Support Portal facilitates better communication with your physician's office by providing convenient 24x7 access from the comfort and privacy of your own home or office.

### WITH OUR PATIENT PORTAL YOU CAN:

- View lab results
- Access health records
- Request an appointment online
- Get statements and receipts online
- View doctors' notes



### SETUP HEALOW™ ACCOUNT REGISTRATION:

- Step 1:** Visit our website at metrocenterhealth.com.  
**Step 2:** Click the “Patient Portal” button.  
**Step 3:** Enter your portal username and password to log in.

### SETUP HEALOW™ SMARTPHONE APP IN FOUR EASY STEPS:

- Step 1:** Download the healow™ app from App Store (iPhone) or Google Play (Android Phone).  
**Step 2:** Search your practice by entering practice code – JCIACA.  
**Step 3:** Enter your portal username and password to log in.  
**Step 4:** Set up your PIN to securely access your health records.

If you don't remember your login, click “*Trouble logging in.*” If you do not have a patient portal account, please ask our staff about signing up. If you need additional information or have any questions, please contact us at 615.254.9981.

### SCHEDULE AN APPOINTMENT ONLINE USING THE HEALOW™ ONLINE PATIENT PORTAL OR SMARTPHONE APP:

**Step 1:** Access healow™ using the “Request Appointment” button on metrocenterhealth.com or with your healow™ app.

**Step 2:** Search for your provider or the specialty you need (internal medicine, family medicine, or pediatric medicine).

**Step 3:** Select your Metro Center Healthcare Group provider.



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HELP Access your Health Record

Select Provider Patient Details Visit Details Appt Preferences Phone Verification

1 2 3 4 5

If you think you have a medical emergency, please call 911

**Patient Details**

Please fill in your personal information

Book for someone else

First Name: John Last Name: Doe

Contact Email: johnd@gmail.com Date of Birth: 04/23/1978

Contact Phone: 555-555-5555 Gender: Male Female

Next

**Your Doctor**

Carolyn Lightford

Metro Center Healthcare Group

133 French Landing

Nashville, TN 37228

Language(s): English

Change

**Step 4:** Fill in your patient information and details.

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HELP Access your Health Record

Select Provider Patient Details Visit Details Appt Preferences Phone Verification

1 2 3 4 5

If you think you have a medical emergency, please call 911

**Visit Details**

Additional information provided by you would help the doctor serve you better

Have you visited this Provider before? Yes No

Reason for the Visit: Annual Physical Exam - Establish Patient (in Office)

Info for the Provider

You have 200 characters left. (Maximum characters: 200)

How will you be paying? By Cash / Not Applicable By Insurance

Back Next

**Your Doctor**

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Nashville, TN 37228

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**Step 5:** Select the reason for visit and patient status.

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HELP Access your Health Record

Select Provider Patient Details Visit Details Appt Preferences Phone Verification

1 2 3 4 5

If you think you have a medical emergency, please call 911

**Appointment Preferences**

Select your preferences to receive more accurate responses from doctors

When do you want the appointment? As Soon As Possible In One Week In Two Weeks No Preference

What day of the week? M T W T F S S No Preference

What time of the day? Anytime Morning Afternoon Evening

Back Next

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**Step 6:** Choose your appointment date and time preference.

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HELP Access your Health Record

Select Provider Patient Details Visit Details Appt Preferences Phone Verification

1 2 3 4 5

If you think you have a medical emergency, please call 911

**We need to verify your phone number for this appointment**

This will be done by an instant phone call or text message. Select your preference.

By entering your number, you agree to receive an automated telephone call or one text message (with a passcode) to verify your account. Message and data rates may apply.

Voice Call Text Send

**Patient Details**

Patient Name: John Doe

Patient Date of Birth: 04/23/1978

Patient Gender: male

**Visit Details**

Reason for the Visit: Annual Physical Exam - Establish Patient (in Office)

Info for the Provider

Payment Details: By Cash / Not Applicable

**Appointment Preferences**

When do you want the appointment? No Preference

What day of the week? No Preference

What time of the day? Anytime

Back

**Your Doctor**

Carolyn Lightford

Metro Center Healthcare Group

133 French Landing

Nashville, TN 37228

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Change

**Step 7:** Verify your phone number via phone call or text message to confirm your appointment request.

After you have confirmed your appointment request, you will receive an email confirmation from no-reply-jtn@clinicalmail.com with your appointment details. If you need to change your appointment or have any questions, please call us at 615.254.9981.