


How to Use: Mount Sinai NOW

Connect to Mount Sinai NOW from your smartphone, tablet or computer by entering now.mountsinai.org in your browser or downloading the Mount Sinai NOW app from the App Store or Google Play. Follow the directions below to register and request a visit.



Try It Out

1. Click .
2. Begin Registration. Enter the following:
 - Name & DOB
 - Select your insurance (*If not available, select 'I would like to use Mount Sinai NOW'*)

Let's get started.

Tell us about yourself.

First name

Middle name


Last name

Date of birth
MM DD YYYY

How did you find out about Mount Sinai Now?

My employer or health plan offers me access to Mount Sinai Now

I would like to use Mount Sinai Now



3. Enter E-mail address and create a password.
 - **Be sure to read the Terms and Conditions and Privacy Policy before moving forward**

Please provide a user name and password


E-mail address

User name

Password

Confirm password

I certify that I have read and understand the [Terms and Conditions](#) and [Privacy Policy](#)



4. Select security questions.

Please select security questions

If you ever need to reset your password, we will need to ask you a couple of simple questions.

Question 1

Select question... ▼

Question 2

Select question... ▼

CONTINUE

5. Enter your primary address.

What is your primary address?

Address Line 1

Address Line 2 (optional)

City

State

Select state... ▼

Zip

CONTINUE

6. Enter Home phone or Mobile phone (**optional**).

How should we call you?

Home Phone Number (optional)

Mobile Phone Number (optional)

CONTINUE

7. Enter current height and weight.

What is your current height and weight?

A form with two input fields for height and one for weight. The first field is labeled 'Height (feet)' and contains the value '1'. The second field is labeled 'Height (inches)' and is empty. The third field is labeled 'Weight (lbs)' and contains the value '0'. Below each height field is the text 'Please enter a height.' Below the weight field is the text 'Please enter a value greater than 0.'. A 'CONTINUE' button is at the bottom.

8. Enter gender.

What is your gender?

A form with three radio button options: 'Male', 'Female', and 'Other'. A 'CONTINUE' button is at the bottom.

9. Specify your preferred language.

What is your preferred language?

A form with a dropdown menu labeled 'Language' showing 'English'. A 'CONTINUE' button is at the bottom.

10. Indicate whether you require a Hearing Impaired Relay Service.

Do you require a Hearing Impaired Relay Service?

A form with two radio button options: 'Yes' and 'No'. The 'No' option is selected. A 'CONTINUE' button is at the bottom.

11. Complete all additional information.

We require some additional information.

A form with five dropdown menus: 'VETERAN STATUS', 'MARITAL STATUS', 'ETHNICITY', 'RACE', and 'NEEDS INTERPRETER'. Each dropdown menu shows 'Select value...'. Below the 'RACE' dropdown is the text 'Please select one or more values from the list.'. A 'CONTINUE' button is at the bottom.

12. Enter your medical history.

- Medications **(optional)**
- Allergies **(optional)**
- Medical Conditions **(optional)**
- Social History **(one-time requirement during initial registration)**

Please enter your medical history.

MEDICATIONS	Change
No medications	
KNOWN ALLERGIES	Change
No known allergies	
MEDICAL CONDITIONS	Change
No medical conditions	
SOCIAL HISTORY	Change
Alcohol use (not answered)	
Drug use (not answered)	
Tobacco use (not answered)	
Immunizations (not answered)	
Recent out of the country travel (not answered)	

13. Enter your Primary Care Physician information **(optional)**.

Who is your primary care physician?

First Name	<input type="text"/>
Middle Name (optional)	<input type="text"/>
Last Name	<input type="text"/>
Address Line 1 (optional)	<input type="text" value="Street address"/>
Address Line 2 (optional)	<input type="text" value="Apartment, suite, unit, building, floor, etc."/>
City (optional)	<input type="text"/>
State (optional)	<input type="text" value="Select state..."/>
Zip (optional)	<input type="text"/>
Phone Number (optional)	<input type="text"/>
Fax Number (optional)	<input type="text"/>

14. Enter Emergency Contact Information *(optional)*.

Who should we contact in the case of emergencies?

First Name (optional)

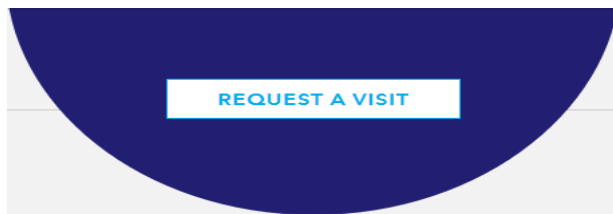
Last Name (optional)

Phone Number (optional)

Relationship (optional)
Select one...
▼


[FINISH](#)

15. Request a visit.



16. Select the patient's name who is requesting care.

Who needs help today?



17. Specify the state where you are currently located.

Where will the visit take place?

Please select the state where you are currently located.

New Jersey ▼

[CONTINUE](#)

18. Select the type of visit you need.

What type of visit do you need?

General Medicine ✓

19. A video and audio test will be conducted on the device in which you are trying to connect from.

Performing video and audio test.

Click the button below to check your device's audio output.

[PLAY SOUND](#)

20. Video test passed. Click Continue.

Performing video and audio test.

Your system has passed the video test. The audio and video for your visit will be presented in the browser. If you prefer more privacy or you are in a loud environment, you can receive a phone call from the provider for the audio portion of this visit.

21. Select or enter a number where you can be contacted is an issue arises with the connection.

If there is an issue with your visit, how should we contact you?

USE

22. Select 'First Available' for provider.

Which provider would you like to use?

First Available

Select Provider

23. Invite a family member to participate (*optional*).

Would you like to invite a family member to join you?

Family member name (optional)

Family member email address (optional)

24. Select your reason for visit.

What is the reason for this visit?

Allergy	Asthma	Back pain
Constipation	Cough	Diarrhea
Dizziness	Earache	Fever
Headache	Hives	Insect bite
Joint pain	Medication refill	Muscle strain
Nosebleed	Rash	Red eye
Sinus congestion	Sore throat	Toothache
Urinary problems	Vomiting	Other

25. Upload photos is available.


Do you have any photos of your condition?

Please upload any files that might help the provider.

SELECT PHOTOS...

CONTINUE

26.

 Add pharmacy

Add pharmacy

SEARCH FOR A NEW PHARMACY BY

Zip code

OR

City and State
City Select state...

AND

Radius
5


SEARCH CANCEL

27. Enter payment information.

Your fee for this visit is \$60.00.
Which payment method would you like to use?

Enter coupon code APPLY

Other Payment Option

Card number 

Security code

Expiration date
04 2019

Name on card

Billing postal code

Save for future visits

CONTINUE

28. You will now be connected with a provider.