

myNorthernLightHealth

PATIENT PORTAL

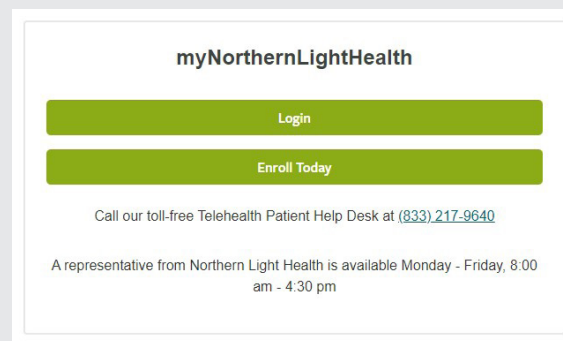
How to request an appointment

STEP 1

Visit myNorthernLightHealth.org

STEP 2

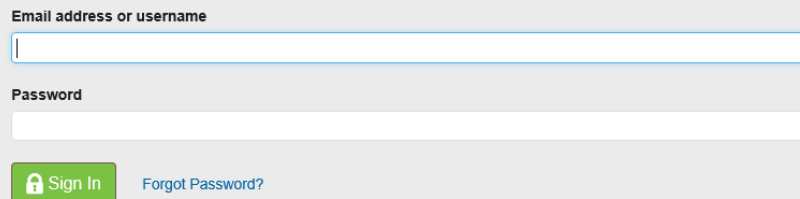
Click **Login**.



The screenshot shows the myNorthernLightHealth login page. It features a white box with a teal header containing the text "myNorthernLightHealth". Below the header are two teal buttons: "Login" and "Enroll Today". Underneath the buttons, there is a line of text: "Call our toll-free Telehealth Patient Help Desk at (833) 217-9640". At the bottom of the box, it states: "A representative from Northern Light Health is available Monday - Friday, 8:00 am - 4:30 pm".

STEP 3

Enter your username and password then click **Sign In**.



The screenshot shows the myNorthernLightHealth sign-in page. It has a light gray background. At the top, there is a label "Email address or username" above a white input field. Below that is a label "Password" above another white input field. At the bottom left, there is a teal button with a white lock icon and the text "Sign In". To the right of the button is a link that says "Forgot Password?".

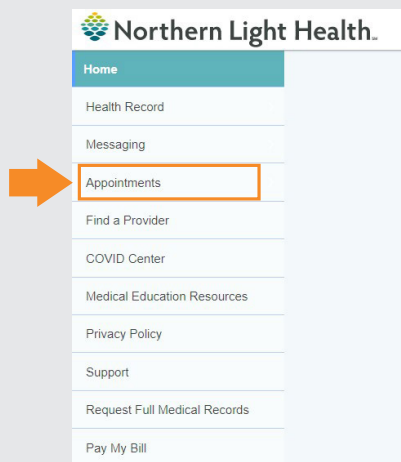
STEP 4 is on next page



How to request an appointment

STEP 4

Click on the **Appointments** link.

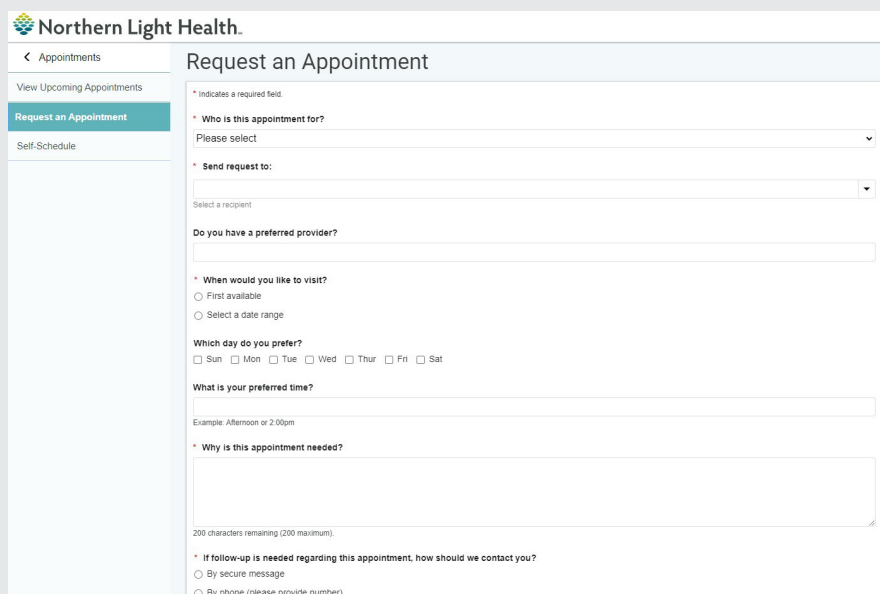


STEP 5

The **Request an Appointment** form will appear.

- In the **Send request to:** field, start typing the first or last name of the provider you would like to see. If their name does not appear in the dropdown, type the name of the practice. If you cannot remember your provider's name or practice name, you may view a searchable directory of Northern Light Health providers at: northernlighthalth.org/Providers
- Answer the remaining prompts to complete the form, then click **Send request**.

Northern Light Health will review your request and respond within one business day.



Northern Light Health.

< Appointments

View Upcoming Appointments

Request an Appointment

Self-Schedule

* Indicates a required field

* Who is this appointment for?
Please select

* Send request to:
Select a recipient

Do you have a preferred provider?

* When would you like to visit?
☐ First available
☐ Select a date range

Which day do you prefer?
☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat

What is your preferred time?
 Example: Afternoon or 2:00pm

* Why is this appointment needed?
 200 characters remaining (200 maximum)

* If follow-up is needed regarding this appointment, how should we contact you?
☐ By secure message
☐ By phone (please provide number)