

Wellness Partners Hawaii, Inc.

New Patient Registration

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- Wellness Partners Hawaii, Inc. is a benzodiazepine (Ativan, Xanax, Valium, etc.) free clinic and It is our policy not to prescribe them.
- Unless specified as in-person, all appointments are telehealth visits. Our clinicians will perform the initial evaluation and subsequent follow-ups over the web.
- Should you need medication management, a second visit will be required to see our prescriber. Depending on the diagnosis, you may or may not need an in-person visit.
- You are required to have your own scale and blood pressure cuff for online medication management visits. Please have your most recent readings available for your medication management appointment.
- We use Zoom for all telehealth visits. It is a secure video conferencing app that meets HIPAA requirements. The app is available on:

<https://zoom.us/download>

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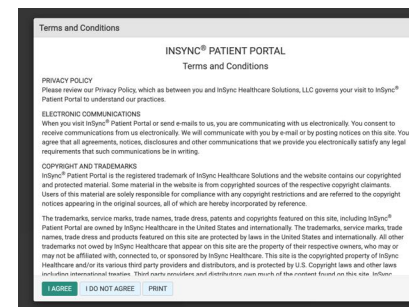
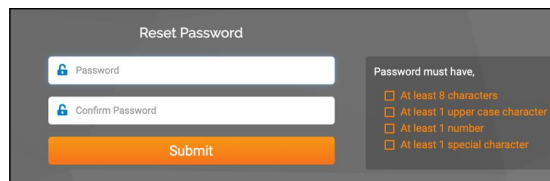
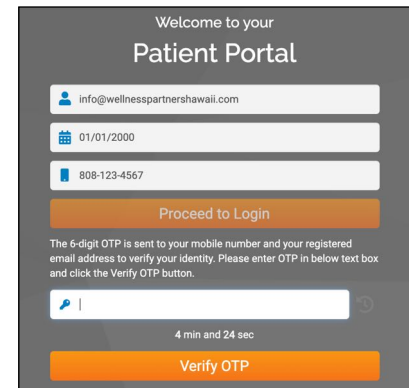
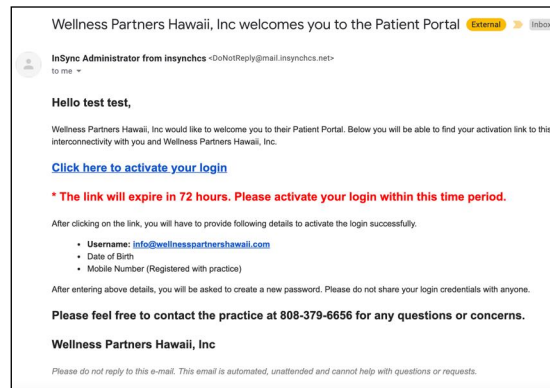
PATIENT PORTAL ACCESS (<http://wphintouch.insynchcs.com/>)

Before we may confirm your appointment time, please follow the below instructions to complete your Pre-Registration process with Wellness Parters Hawaii, Inc.

You will receive a separate email with a patient portal activation link and user name coming from <DoNotReply.InSync@insynchcs.com> with the subject "Wellness Partners Hawaii, Inc welcomes you to the Patient Portal."

(The activation link expires in 72 hours)

Once directed to the patient portal, you will be prompted to verify your DOB and phone number on record for OTP (one time password) verification and establish a password.



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PRIMARY INFO & CREDIT CARD CONSENT

In the patient portal, please complete the following:

Please complete My Details & Manage Saved Cards to add a Credit Card Consent. Please click the green "Save and Submit" when you are done.

Scroll down the page and click on Add New Card. Review the credit card consent and click on Sign. Sign digitally and click Accept. Enter your credit card details on the ePayment screen and click Submit. You will receive an email from WPH receipt with a \$0 charge to confirm credit card consent.

3

INSURANCE DETAILS AND FORMS

In the patient portal, please complete the following:

Please complete My Details & Manage Saved Cards to add a Credit Card Consent. Please click the green "Save and Submit" when you are done.

Insurance* Policy Number* Group Number
Insurance Type* Effective Start Date* Effective End Date*
Group Name Plan Name Co Payment Co Insurance
Comments

INSURANCE CARD FRONT IMAGE
INSURANCE CARD BACK IMAGE

Please enter insurance details and capture/upload the front and backs of your insurance card and ID here.

Form Name	Received On	Last Submitted On
Authorization for Use or Disclosure of Health Information	08/28/2021	
Notice of Privacy Practices	08/28/2021	
Treatment and Consent Form	08/28/2021	

My Documents
File Name: WPH Provider Links.pdf

Please click on the forms assigned to you, complete and click "Save and Submit"

WPH Provider Links (to join your visit) reference document is located under Other Documents.