## Teledentistry Member Guide



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Verify





Click VERIFY.







Carefully fill out the information.

You can choose to enter your Primary Medical Provider if you have the information. It is easier to enter it now.

Once all the boxes are filled in, choose **CLICK HERE**.

A small box appears. Read through the Terms and Conditions. Click **I AGREE**.

The box will disappear. Click **VERIFY** to go to the next screen.

CONTACT INFO				1
Name & Login		Mailing Address		
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BOONE	ST P	AUL		
EMAIL (USER ID)	Minr	nesota		
BOONE.TESTA@MAILINATOR.COM	5510	16		
PASSWORD	PHON	IE		
	Home	888-333-5511		
	Mobile	888.333.5511		
MEDICAL INFO				1
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GENDER Female				
DATE OF BIRTH				
02/28/1969				
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Type your email address and password used to create your DialCare account.

Click LOG IN.

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	(First, you'll be prompted to verify you're an eligible UHC member) Create Your Account	
	Already Created a DialCare Account? Log In BOONE.TESTA@MAILINATOR.COM	
•	Forad password	
••••	C Remember my email. (Do not check if using a public device)	
62	222 DialCare All rights reserved. Privacy Policy Terms and Conditions 844-712-1154	



This is your Member Portal. You can:

- Upload a file
- Edit your profile
- Change your password
- Request or join a consult

To request a consult or complete your profile, choose **REQUEST OR JOIN CONSULT**.

elcome to the DialCare Member Porta	al JANAY.		
Primary			~
Please make sure all information below is accurate.	1 Upload File	e Password 🖋 Edit 💼 Re	equest or Join Consult
Name & Login	Contact	Medical	
JANAY S BOONE	MAILING ADDRESS 832 3rd St E	GENDER Female	HEIGHT 5'5"
EMAIL (USER ID) BOONE TESTA@MAILINATOR.COM PASSWORD	1 St Paul, MN 55106 PHONE	DATE OF BIRTH 02/28/1989	WEIGHT 200 Pounds
		PHYSICIAN NAME	RACE/ ETHINICITY ASIAN
	LANGUAGE English	PHONE	

If you need help call UnitedHealthcare Community Plan Member Services: **(800) 832-4643**. TTY users may dial 711.

PWA.MEM.GDE.Dialcare (04/24)