

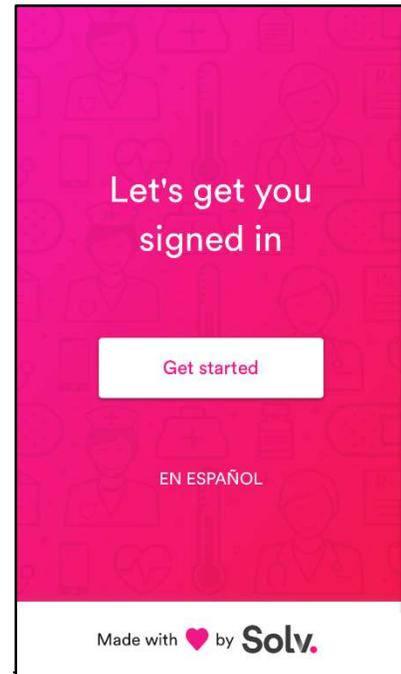
# SOLV- HOW TO REGISTER

STEP ONE: Scan QR Code or Click this Link to Register

<https://manage.solvhealth.com/welcome/AvdlRg>



STEP TWO: Click "Get Started" to begin



STEP THREE: Enter a phone number where link to paperwork can be texted and check off box.

Enter your mobile phone number to sign in

Mobile Phone Number

I have read, understand, and agree to Solv Health's [Terms of Service](#) and [Privacy Policy](#)

Continue

[GO BACK](#)

STEP FOUR: Enter your personal information as shown below and sign in.

Who is being seen today?

\* First name \* Last name

Patient date of birth

\* Reason for visit

\* Have you been to Free Covid Care before?

No  Yes

Email address

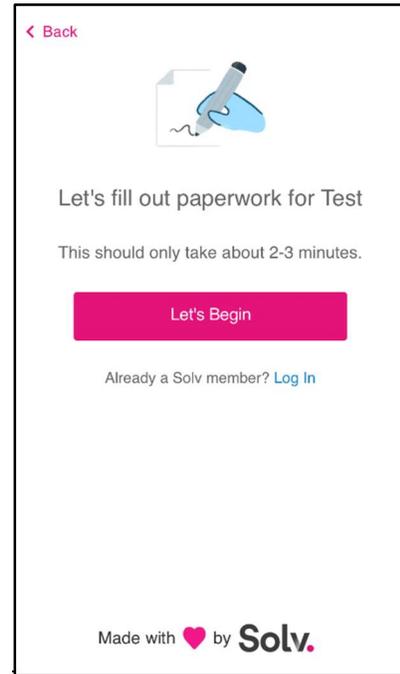
Sign in

# SOLV- HOW TO REGISTER

STEP FIVE: Check your texts and click the link attached to complete paperwork.



STEP SIX: Click "Let's Begin" to fill out paperwork



STEP SEVEN: Fill in your patient information

A screenshot of a mobile application screen titled 'Patient Information' with a '< Back' link. The form contains several input fields: 'Patient Street Address', 'Address Line 2 (optional)', 'City', 'State' (with 'IN' entered), 'Zip Code', 'Patient Primary Phone', and 'Patient Email'. A large pink 'Next' button is at the bottom.

STEP EIGHT: You can just put school.

A screenshot of a mobile application screen titled 'Patient Information' with a '< Back' link. The form contains two input fields: 'Reason for Visit' and 'How did you hear about us?'. A large pink 'Next' button is at the bottom.

# SOLV- HOW TO REGISTER

STEP NINE: Take a clear photo of your driver's license, front and back when you reach this page.

**Add photos of the patient's ID**  
Please upload a driver's license or other government issued ID so the doctor can verify they're seeing the right person.

**Front of ID card**  
Place card on a flat, well-lit surface (no glare) and tap button below.

**Take a photo**

**Back of ID card**  
Flip card over and tap button below to capture the back of card.

**Take a photo**

**Continue**

STEP TEN: Choose "yes" option and fill in school info

**Employer Information**

Are you here at the request of your employer?

**Next**

STEP ELEVEN: Resister insurance if you have, it all co-pays and fees unpaid will be covered by FCA(Federal Cares Act) If insurance unavailable FCA will cover entire cost.

**Insurance Information**

Pay with insurance?  
Yes

**Front of card**  
Place card on a flat, well lit surface without glare, and tap below.

**Take a photo**

Insurance Company (optional)

Member ID (optional)

Group Number (optional)

Policy Holder First Name (optional)

Policy Holder Middle Name (optional)

STEP TWELVE: Sign your first and last name and check the box.

**Review and sign forms**

Free Covid Care Consent

Tap to add signature

By continuing, I understand and agree to the terms and conditions contained in the forms above and agree to sign them electronically.

**Continue**

# SOLV- HOW TO REGISTER

STEP THIRTEEN: Confirm that all of the entered information is correct and submit paperwork

< Back **Review and Submit**

**Patient information** [edit](#)

Patient First Name	Test
Patient Middle Name	
Patient Last Name	Test
Patient Birth Date	01-01-1990
Patient Sex	
Patient Ethnicity	Not Hispanic/Latino
Patient Race	White

**Contact information** [edit](#)

Patient Street Address	2031 Roosevelt rd
Address Line 2	
City	Valparaiso
State	IN

[Submit paperwork](#)

STEP FOURTEEN: Your Paperwork is complete and you may proceed with your test!

Solv. Skip the line, get care faster  
Book your next visit with a tap [GET APP](#)

< Back

PAPERWORK ID **3** WAITLIST



**Thank You**

We've sent your information to Free Covid Care. View your position in line below.

[View Live Waitlist](#)