

# Teladoc Step by Step Registration Instructions

- When registering, the first step is confirming coverage. Your first name, last name, zip code, gender and date of birth must match what is in MMO's system. Use your Medical Mutual ID card when inputting your first and last name to ensure a match.

Confirm Coverage   Create Account   Get Care

## Tell us about you

Enter your information just as it appears on your health insurance card or pay stub.

\* Required

**First Name\***  
  
▲ First name is required

**Last Name\***  
  
▲ Last name is required

**Email\***  
  
▲ Email is required

**Country\***  
United States Of America

**ZIP code\***  
  
▲ Please enter a valid Zip code in one of the formats:  
11111 or 11111-1111

**Sex assigned at birth\***  
Please Select  
▲ Sex assigned at birth is required

**Month of birth\***   **Day\***   **Year\***  
MM   DD   YYYY  
        
▲ Date of birth is required

I received a Teladoc code from my employer or insurance company

**Next**

- If everything matches, you will receive the below message. Click **next** to finish registering and create your account

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Confirm Coverage   Create Account   Get Care

## We found a match!

These care options are available with your coverage.

Mentor Public Schools.  
● General Medical

Is this incorrect? [Add new coverage](#) or call us at [1-800-835-2362](tel:1-800-835-2362)

**Next**

- Create your account by providing the below details.

**TELADOC** CANCEL REGISTRATION X

> Check Eligibility > Enter Account Information > Get Care

### Finish creating your account

Your Teladoc benefits are confirmed - we just need a little more information to create your account.

**Enter Your Home Address**

STREET ADDRESS

STREET ADDRESS 2

CITY

STATE ZIP CODE

PREFERRED PHONE NUMBER  Hearing impaired (relay required)

EMAIL ADDRESS

PREFERRED LANGUAGE GENDER

**Create Your Username & Password**

USERNAME

PASSWORD

CONFIRM PASSWORD

SECURITY QUESTION 1 SECURITY ANSWER 1

SECURITY QUESTION 2 SECURITY ANSWER 2

SECURITY QUESTION 3 SECURITY ANSWER 3

By clicking "Complete Registration" below, I certify that I have read and understand the [Web and Mobile Privacy Policy](#) and agree to be legally bound by the [Web and Mobile Terms and Conditions](#).

COMPLETE REGISTRATION

- If you receive the below screenshot or encounter a problem during the registration process, contact Teladoc's Customer Service Line at 1.800.835.2362 for assistance.

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Confirm Coverage Create Account Get Care

## Select your health insurance

\* Required

Insurance company\*

Q Name of insurance company

No insurance? [You can also pay per visit .](#)

Next