



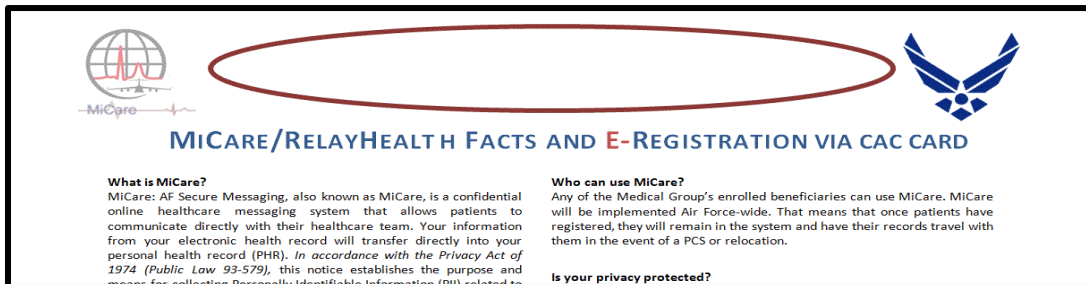
MICARE PATIENT REGISTRATION ELECTRONIC REGISTRATION (E-REGISTRATION)

Introduction

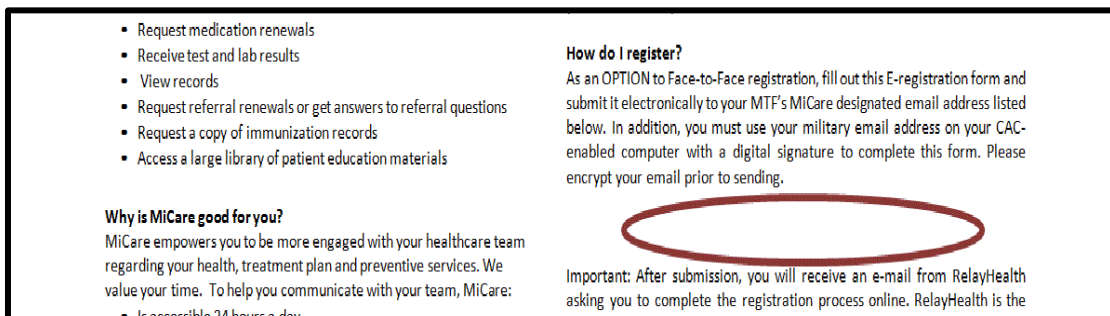
Patient registration for MiCare begins with identity verification. With face-to-face registration, MTF personnel verify the patient’s identity while in the facility. Electronic Registration (E-Registration) is another OPTION. E-Registration allows patients to begin registration for MiCare online, using their CAC cards and digital signature as verification. Either way is correct. Both processes prompt RelayHealth to send patients an invitation to set up their MiCare account. Patients must still log into their personal email accounts and complete registration.

A. MiCare E-Registration Steps – MTF Responsibility

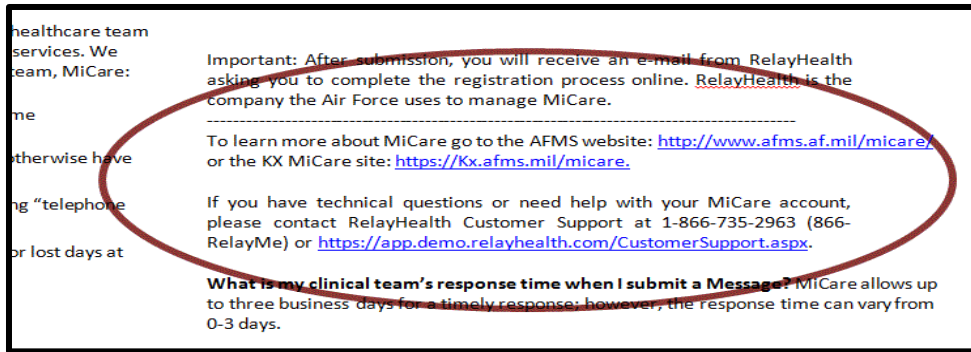
1. **Access the OPTIONAL pdf-fillable E-Registration Form.** The E-Registration form, in pdf version, is available on the MiCare KX site, or an MTF-designated site.
2. **Fill in your MTF name in the top box.** How you title this form is your choice.



3. **Indicate where the patient is to send the completed form.** Place MTF’s MiCare designated email address into this box.



4. **“For more information”**: If your MTF or base has a website containing information about MiCare in the Surgeon General’s website at <http://www.afms.af.mil/micare/>.



5. **The E-Registration form is ready to be distributed.** You may send the E-Registration form to targeted Active Duty Members who qualify for MiCare as well as others who possess CAC cards, using their .mil email addresses. Certain personnel, such as PRP, may be ineligible for MiCare accounts. If there are questions about eligibility, contact your MTF MiCare Super User for instructions.

B. MiCare E-Registration Steps – Patient / Registrant Responsibility

1. **The patient/registrant is responsible for completing the next section.**

Full Name: [] Date of Birth: [] Gender: [] Zip Code: []

Patient SSN (no dashes): [] DoD ID (found on Back of CAC ID and Front of Dependent ID): []

Personal Home E-Mail Address: [] Provider/PCM (if known): [] # of Child Dependents (if any): []

[]

For authentication, verification and consent purposes, please sign digitally above.

This is for verification and administrative purposes. The patient will enter his/her name, date of birth, gender, zip code, social security number, DoD ID number, personal email address, PCM (if known), and number of child dependents. Please note that the “Gender” selection uses a pull-down menu.

2. **Digital Signature.** When the patient/registrant clicks this box, information on his/her CAC card will populate the space.

Full Name:	Date of Birth:	Gender:	Zip Code:
Patient ID# (no dashes):	DoD ID (Found on Back of CAC ID and Front of Dependent ID)		
Personal Home E-Mail Address:	Provider/PC/M (if known):	# of Child Dependents (if any):	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: small; text-align: center;">For authentication, verification and consent purposes, please sign digitally above.</p>			

Before proceeding, the process will request the person to enter his/her numeric password to authenticate the CAC.

- The process will direct the patient/registrant to save the form.** He/she will then send the completed form to their MTF's MiCare designated email address

- Request medication renewals
- Receive test and lab results
- View records
- Request referral renewals or get answers to referral questions
- Request a copy of immunization records
- Access a large library of patient education materials

Why is MiCare good for you?
MiCare empowers you to be more engaged with your healthcare team regarding your health, treatment plan and preventive services. We value your time. To help you communicate with your team, MiCare:

- Is accessible 24 hours a day.

How do I register?
As an OPTION to Face-to-Face registration, fill out this E-registration form and submit it electronically to your MTF's MiCare designated email address listed below. In addition, you must use your military email address on your CAC-enabled computer with a digital signature to complete this form. Please encrypt your email prior to sending.

Important: After submission, you will receive an e-mail from RelayHealth asking you to complete the registration process online. RelayHealth is the

C. MiCare E-Registration Steps – MTF Follow-Through

- Clinic personnel complete the bottom of the form.**

for authentication, verification and consent purposes, please sign digitally above.

CLINIC USE ONLY

Patient ID Verified: Date: _____ Staff Initials: _____

E-mail Invitation Sent: Date: _____ Staff Initials: _____

Information on this form is for local MTF MiCare registration purposes only for MiCare Secure Messaging. Final disposition of forms/contents resides at the MDG and is protected IAW Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with AFMAN 21-116. Storage, processing, transmission, and any disposal of IAW the Air Force Records Disposition Schedule (RDS) located at <https://www.af.mil/accs-afslia/afslia/afslia/>. Destroy form and/or shred per local MTF or DoD procedures after processing.

- After processing, dispose of the form per local MTF or DoD procedure.**