

PLEASE BRING THIS FORM TO YOUR INITIAL APPOINTMENT

PATIENT PORTAL PRE-REGISTRATION PROCESS

Patient Name: _____

Account #11760 - _____

(This number will be provided at your initial appointment or contact Front Desk)


Your doctor now offers a web portal for you to request appointments, request renewal of prescriptions, check lab results, update patient information and more. It is easy and free.

1. We will Pre-Register you for the Patient Portal.
2. You should receive an email from Harris CareTracker Patient Portal. Just click on COMPLETE REGISTRATION. This link will take you to <https://www.healthtracker.com> for you to complete the pre-registration process. Make sure if you are in IE11 that you add healthtracker.com to your compatibility.
3. Enter a USER NAME and Password. Please write your password on this form and keep it in a safe place. On the **ACCOUNT VERIFICATION** please select **ACCOUNT NUMBER** and use the code provided on the top of this form.




Make sure you include the DASH and that there are NO spaces.

Welcome to Patient Portal

If you are already a member, please sign in. If you are not a member, please register.

 **Sign In**
Please enter the required username and password you provided during registration.

Username	<input type="text"/>	Forgot Username?
Password	<input type="password"/>	Forgot Password?

<p> Not Registered Yet? Register to access Patient Portal's features. Note: You will need your Registration ID.  This is the identifier number supplied to you by your provider.</p> <p><input type="button" value="Register"/></p>	<p> Quick Pay Make a statement payment quickly and without signing into your account.</p> <p><input type="button" value="Quick Pay"/></p>
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Need Help?
If you need further assistance, please contact your practice.

Harris CareTracker Registration

Please fill in all the fields and select Register to complete registration.
All fields are required on this page.

Sign In Information

Username:

Password: Must contain between 8 and 15 characters that includes 1 number & 1 capital letter (ex Password1)

Re-type Password:

Security Question 1:

Answer:

Security Question 2:

Answer:

My Personal Information

First Name:

Last Name:

Email:

Confirm Email:

Time Zone:

Date of Birth:

Gender:

My Provider Information

Search for your provider:

First Name:

Last Name:

City:

State:

You must type at least 2 characters of the provider first and last name.

Type in:

First Name: Gerard
Last Name: Guillory
City: leave blank
State: CO

Hit the SEARCH button: It will pop up Dr. Guillory's name and address. Simply click on that box.

You will need to obtain your Registration ID from the office.

First Name:


Last Name:

City:

State:

You must type at least 2 characters of the provider first and last name.

Choose your provider: **Guillory, Gerard**

Provider Name	Provider Address
 Guillory, Gerard	750 Potomac Street Suite 111, Aurora, Colorado 800116795

Registration ID:

This is the identifier number supplied to you by your provider.

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