GETTING STARTED WITH REDIMD

PRIORITIZE YOUR HEALTH!

RediMD gives you and your family access to primary care 7 days a week at a time convenient to you. Set up your account today for easy access to care when you need it. RediMD is just a click away!

GET STARTED TODAY

- Enter your registration code
- Create a user and password
- Validate your account
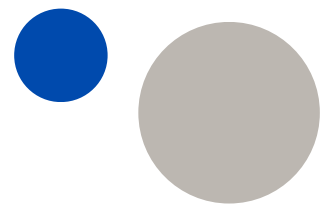- Complete profile and insurance
- Request a visit when needed

MORE INFORMATION

866-989-CURE 📞

www.redimd.com 🌐

RediMD™
Leading Telemedicine

GET STARTED WITH REDIMD

Getting started with RediMD is quick and simple. Go online to redimd.com, click "First Time User" and follow the quick steps.

Enter your registration code

Employer codes are available from your HR/Benefits Department or by sending a "Contact Us" form on redimd.com. If not registering through an employer, use code REDIMD.

Create a user and password

You have the option of creating an account name using your e-mail or cell phone number.

Validate your account

To protect the safety and security of your account, you will be asked to validate your account via e-mail or text message.

Complete profile and insurance

Profiles are quick to complete and asks for your contact information, pharmacy and medical history. You will also select your insurance and type the ID number listed on your insurance card.

Request a visit when needed

Schedule visits when you need them. All you need is your phone or computer with webcam and you are all set!

Registration

Enter the required registration code

Your registration code is available from your human resources or plan benefit administrator or use the "Contact Us" link above to request a registration code.

* Code:

katyisd

If you do not have insurance, use **REDIMD**. We accept Mastercard, Visa and Paypal.

* Required Field

User Verification

Please check your email

A verification email message was sent. Please add **sysadmin@redimd.com** to your contacts to ensure the email isn't marked as spam. Follow the link provided in the email to verify your email address.

- OR -

Enter the verfication code from the email message and click the green "Verify" button below

* Verification Code [   ] ✓ Verify

Please complete this patient profile before proceeding

`0%`

Contact Information

Prefix: *First Name, Last name and suffix:

[⌄] [   ] [   ] [   ]

*Address:

[street address]

Medical Conditions & History

Personal physician:

[   ]

Physician phone number:

[999-999-9999]

* Are you pregnant now or think you may be pregnant?

[Select]

Allergies:

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