

# CareHere! HOW TO REGISTER

Inspiring Lives  
One Patient at a Time

CareHere partners with employers to make their employees and families  
achieve well-being and health through innovative quality care offering  
multiple solutions delivered with empathy and compassion.

MEMBER LOGIN REGISTER WITH

**BUTLER  
ADVANTAGE**  
HEALTH & WELLNESS CENTER

in partnership with **CareHere!**

CareHere!

## Member Login

Username

Password

Forgot password?

**SIGN IN**

Not a Member?

Register with My Access Code

**1** Go to **CareHere.com/Register**

**2** Click on **Member Login** at the top of the homepage

**3** On the next screen, you will select **Register with My Access Code**

First time registration	Access Code <input type="password"/>	Please enter your Access Code. Use only letters and numbers.
	<input type="button" value="Go"/> <input type="button" value="Reset"/>	To obtain your access code, please contact your HR/Benefits Coordinator.

**4** Add in Access Code **BADVEMP2**

First time registration	Access Code is for: <b>Butler Medical Plan Member</b>	To obtain your access code, please contact your HR/Benefits Coordinator.
	<input type="button" value="Next"/> <input type="button" value="Re-enter Access Code"/>	

**5** Access Code is for: Butler - Medical Plan Member should populate & click **Next**

<b>Log Out</b> User Options My Apps Wellness Library	<b>Privacy Consent</b>
<b>Surveys</b> Provider-Patient Survey Expanded HRA/Tobacco sta	<b>I give my consent ...</b> <ul style="list-style-type: none"><li>To collect and store my personal contact and health data in a confidential and secure fashion.</li><li>For a physician, case manager, health and wellness analysts, or other medical professional to access and review my health data and contact me with any concerns.</li></ul>
<b>Wellness Evaluation</b> Call Toll-Free for Help: 877-423-1330	<b>I understood that ...</b> <ul style="list-style-type: none"><li>None of my personal health data will be shared with my employer, unless otherwise allowed or required by law.</li><li>None of my health reports available online or in paper form should be viewed or construed as a medical diagnosis, and</li><li>If I have concerns or questions, then I will consult either the on-site physician or another physician.</li></ul>
Copyright 2003-14 MyHealthGuide, LLC	<input type="button" value="I agree with the statements above."/> <input type="button" value="I cannot agree with the statements above."/>

**6** Read "I give my consent... & I understood that..." & click **I agree with the statements above.**

**877.423.1330 | CareHere.com | CareHere App**

© 2020 | Proprietary to CareHere, LLC | All rights reserved | CareHere abides by all federal HIPAA and confidentiality regulations.

# HOW TO REGISTER CONT.

**Enter or Update Contact Data**  
\* Required Fields

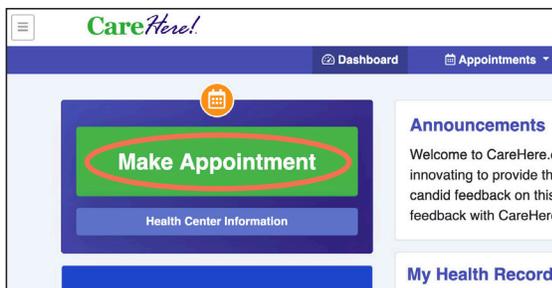
Your Organization	Raytown Quality School District - Pre-Employment	
Prefix (Title)	Mr.	Edit: Mr.
* First Name		
Middle Name		
* Last Name		
Suffix	No Suffix	Edit:
* Address 1		
* Address 2	2nd address line, if needed.	
* Social Security Number		Omit dashes (Example: 222445678) Your actual SSN is recommended for emergencies, eligibility checking and other needs.
* Date of Birth		M/D/YYYY Examples: (7/16/1975 or 10/1/1953)
* Create Your Username		Enter 5 to 20 characters. User names are not case sensitive. (Example: EBaker78)
* Create Your Password		Enter 5 to 20 characters of letters, numbers, and special characters. Passwords are case sensitive. (Example: kM06p49) Your password should be different from your username for security purposes.
Enter Password Again		Please enter your password again for security purposes.
Enter your Email Address	Your email address will be used to send appointment reminders, lab notices, registration confirmation, username & password reminders, and other confidential information.	
<input type="button" value="Update"/>		

**7** Next, there are several pages of personal, contact, health and behavior information the system will request. When completing each page, click the **Update** button at the bottom of the page.

**Enter your SSN, Username, Password and Email Address**

Update successful.  
If NEXT PAGE button appears below, please click button to continue registration.  
Please do not click REFRESH, RELOAD or BACK browser.

**8** When your information is received, you will see a message confirming your update was successful. Click **Next Page**.



**9** Congratulations, you are now registered! Remember, each eligible family member must be registered separately.

Ready to make your first appointment?  
Click **Make Appointment**.

For your first visit with the providers, select two appointment slots (40 minutes), so we can get to know you. Book your appointment today!