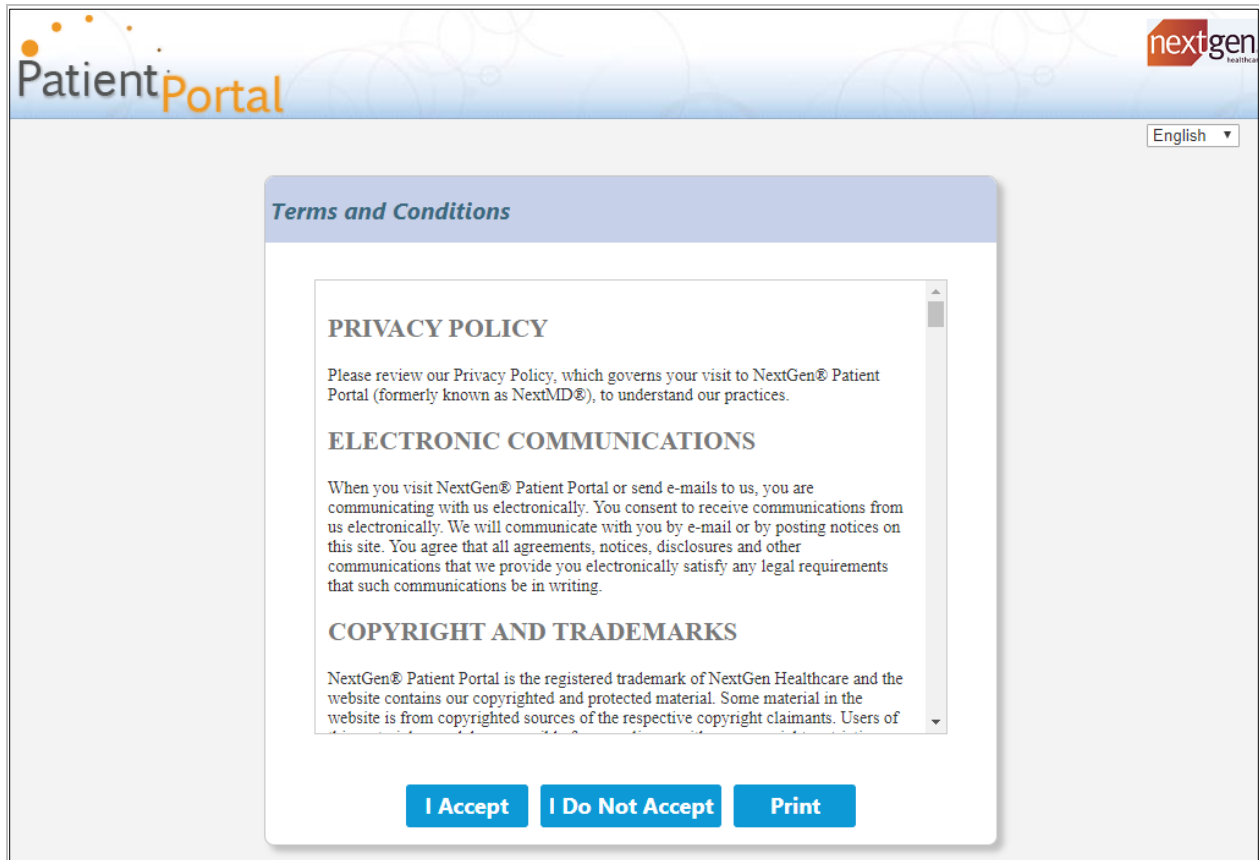


Coquille Indian Tribe  
Community Health Center  
**Tribal Clinic Patient Portal- Self Enrollment**

Click here [Coquille Patient Portal Enrollment](#) and follow these steps:

**1. Accept agreement:**



## 2. Click on Sign Up for new account:

Welcome to Patient Portal

[Sign up for a new account](#)

[Add to an existing account](#)

## 3. Select Practice:

Select Medical Practice

\* Practice:

[NEXT](#) [CANCEL](#)

## 4. Fill in Your Personal Information:

Enter personal information

\* First Name  M.I.  \* Last Name

\* Address 1:  Address 2:

\* City  \* ZIP code  \* State

\* Country

\* Phone (123-456-7890)  Extension  \* Date of birth

\* Email address  \* Confirm email address

## 5. Optionally provide Insurance information or skip it:

### Enter insurance information (optional)

I am self-insured

Insurance/payer name	Policy number:
<input type="text"/>	<input type="text"/>
Group name	Group number
<input type="text"/>	<input type="text"/>

### Enter claim mailing address (optional)


Address 1

City	ZIP code	State
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country

Phone (215 - 456 - 7890 )	Extension
<input type="text"/>	<input type="text"/>

I'm not a robot

  
reCAPTCHA  
[Privacy](#) - [Terms](#)

## 6. Create username and password:

### Set up account

\* Username

× Use 6-50 characters

\* Password

× Use 8 or more characters  
× Use upper and lower case letters (e.g. Ba)  
× Use a number (e.g. 1234)  
× Use a [special character](#) (e.g. \$^%)  
× Avoid including commonly used passwords (e.g. 'password')

\* Confirm Password

## 7. Set up security questions

### Set up security questions

Please select five unique security questions, then enter your answers.

\* Security question 1  
What is your maternal grandmother's first name? ▼

\* Answer 1  
Name

\* Security question 2  
In what city was your father born? ▼

\* Answer 2  
City

\* Security question 3  
In what city was your mother born? ▼

\* Answer 3  
City

\* Security question 4  
What is your favorite hobby? ▼

\* Answer 4  
Hobby

\* Security question 5  
In what city were you married? ▼

\* Answer 5  
City

**NEXT** **CANCEL**

## 7. Complete enrollment:

### Submit enrollment request

Thank you!

Select "Complete Enrollment" to send your enrollment request to the practice for approval. You will receive an email once it has been approved.

If you would like to request an appointment, you can do so by clicking on the button below.

[Complete Enrollment](#)

[Request an Appointment](#)

## 8. View confirmation:

### Pending approval

Thank you!

Your enrollment request has been submitted and is pending approval from the practice.

**9. Once CHC Staff confirm your patient identity in our system, they will approve enrollment and you will receive an email confirming enrollment. You can now access your health records.**



**NextGen Patient Portal Approved Enrollment Request**

**To: Bravo**

This email is to notify you that you have successfully completed the NextGen Patient Portal enrollment process and your practice has approved your enrollment request.

*Please retain this email for your records.*

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message