



## HOW TO ACCESS

Talk To A Specialist 24/7/365

1

Visit [www.mycollegedoctor.com](https://www.mycollegedoctor.com) or call **1.833-398-0805** to activate or initiate your session.



MEMBER ACCESS

For a better  
experience use  
Chrome or Firefox

2

Activate your account using your **Member and Group Number** and **DOB**. Once activate you can login using your **Email** and **Password**.

3

Once you initiate your session, please enter **your information** and **medical history**.

Number: MDVVM7728 Group Number: 12789

**Personal Info** EDIT

FIRST NAME: Karla  
MIDDLE INITIAL: A  
LAST NAME: Aparicio  
DATE OF BIRTH: 11/06/1991

**Contact Info** EDIT

EMAIL: karlaap@mycollegedoctor.com  
PHONE NUMBER: 3019451792  
SECONDARY PHONE NUMBER: 301-945-1792

**Anatomical Info** EDIT

SEX: Female  
WEIGHT: 200  
HEIGHT: 5  
HEIGHT INCHES: 2  
ETHNICITY: Latino/Hispanic  
HAIR COLOR: Brown  
EYE COLOR: Brown  
BLOOD TYPE: I don't know

**Home Address** EDIT

ADDRESS: 15315 Chesberry Ct  
CITY: North Potomac  
STATE: MD  
ZIP CODE: 20878

**Medical Conditions**

No Medical Conditions Added

**Current Medications**

No Current Medications Added

**Medical Allergies**

No Current Medications Added

**Prior Surgeries**

No Surgeries Added

**Preferred Pharmacy**

Pharmacy Name: CVS Pharmacy #1452  
Pharmacy Contact: 3019458553  
Pharmacy Address: 12315 DARNESTOWN ROAD-GAITHERSBURG MD, 20878  
CHANGE PHARMACY INFO

**Preferred Providers** EDIT

PREFERRED PROVIDER: ...  
PREFERRED PROVIDER CONTACT: ...  
PREFERRED SPECIALIST: ...  
PREFERRED SPECIALIST CONTACT: ...

NEWS AND EXPERTS QUICK LINKS LIVING HEALTHY LEARNING CENTERS

4

Next select the **consultation method**.

**Email**

Have a question-ask the doctor. Email consultations are informational only. 1,800MD cannot diagnose or prescribe medications through an email consultation. If you are sick and need treatment choose between a telephone and video consultation. Email consultations are available between 7:00AM - 9:00 PM local time. Please allow up to 2-hours for a physician response.

FREE REQUEST

**Telephone**

Telephone consultations are available 24/7/365 on demand (within 1-hour) and by appointment. Telephone consultations allow for the diagnosis and treatment of minor medical conditions including Non DEA controlled prescription medication when appropriate.

FREE REQUEST

**Video**

Video consultations are available by scheduled appointment between the hours of 7:00 AM - 9:00 PM local time. Video consultations allow for the diagnosis and treatment of minor medical conditions including Non DEA controlled prescription medication when appropriate.

FREE REQUEST

Bare in mind that email encounters are informative only and no medications may be prescribed.

5

Answer all preliminary questions and enter your **preferred pharmacy**.

Consultation Type: Karla Aparicio

Primary Symptoms: Allergies

Please list any secondary symptoms: Sore throat

What are your primary concerns? My allergies are acting up

BACK NEXT

6

Select the **preferred time** to receive your consultation.

Would you like to add an image or file to share with your provider? ☐

Would you like to send your consultation records to your primary care physician? ☐

Requested Date: 03/10/2022

Requested Time: 6:00 PM - 8:00 PM

Where would you like treatment if you did not have access to 1,800MD? Primary care physician

By selecting Yes, I authorize 1,800MD to send my continuity of care record (CCR) to my primary care physician. I understand that my CCR contains personal medical information that was obtained during my 1,800MD consultation.

BACK SUBMIT

7

Agree to the **terms and conditions** and confirm the consultation.

Independent contractor physicians, care givers, and / or professional corporations, my employers Workers Compensation carrier, and, as applicable, the Social Security Administration, the Health Care Financing Administration, the Peer Review Organization acting on behalf of the federal government and/or any other federal or state agency for the purpose(s) of satisfying charges billed and/or facilitating utilization review and/or otherwise complying with the obligations of state or federal law. Authorization is hereby granted to release health record data and/or copies to my attending and/or admitting healthcare professional and/ or any consulting healthcare professional and/or any healthcare professional I may be referred to for follow up care. I further authorize 1,800MD and any other healthcare provider or professional rendering services to me to obtain from any source medical history, examinations, diagnoses, treatments and other health or insurance authorization information for the purpose(s) of satisfying charges billed and/or facilitating utilization review, providing medical treatment and/or the evaluation of such treatment, and/or otherwise complying with the obligations of federal law. A photocopy of this Authorization may be honored.

☒ I acknowledge and agree to the Terms and Conditions and Consent to Treatment stated above.

☒ I understand that I am requesting a video consultation with a 1,800MD provider. If I am unavailable to accept the video connection, I realize that a \$40 consult fee may be charged if I request an additional video connection from a provider or reschedule my consultation at a later time.

**Disclaimer:** Please be advised that 1,800MD physicians do not prescribe narcotic pain medications, DEA controlled substances, or lifestyle drugs. The physician may be calling from a blocked or unavailable number; please answer all calls as it may be the doctor.

CANCEL SUBMIT REQUEST

8

Receive care.

