

Step 1: Please go to the Ho-chunk Nation Department of Health website at <http://health.ho-chunk.com> and click on the Patient Portal link or you can access the registration page directly at the following address:

<https://www.nextmd.com/ud2/Enroll/TermsAndConditions.aspx?enterpriseid=db71e2d9-238f-4ad0-8f89-8e70aa191170>

Step 2: The screen below will display. Please review the Terms and Conditions, once you have reviewed the Terms and Conditions, select the “I have read and agreed to the Terms and Conditions.” Box and Click “CONTINUE”

PRIVACY POLICY
Please review our Privacy Policy, which as between you and NextGen Healthcare Information Systems, LLC, its corporate parent Quality Systems, Inc. and their respective subsidiaries and affiliates ("NextGen Healthcare") governs your visit to NextGen® Patient Portal (formerly known as NextMD®), to understand our practices.

ELECTRONIC COMMUNICATIONS
When you visit NextGen® Patient Portal or send e-mails to us, you are communicating with us electronically. You consent to receive communications from us electronically. We will communicate with you by e-mail or by posting notices on this site. You agree that all agreements, notices, disclosures and other communications that we provide you electronically satisfy any legal requirements that such communications be in writing.

COPYRIGHT AND TRADEMARKS
NextGen® Patient Portal is the registered trademark of NextGen Healthcare and the website contains our copyrighted and protected material. Some material in the website is from copyrighted sources of the respective copyright claimants. Users of this material are solely responsible for compliance with any copyright restrictions and are referred to the copyright notices appearing in the original sources, all of

I have read and agreed to the Terms and Conditions.

CONTINUE

Step 3: Starting with Section #2, please fill in your information. Fields marked with a red asterisk are required.

YOUR PRACTICE & INFORMATION | INSURANCE INFORMATION | ENROLLMENT CREDENTIALS | SCHEDULE APPOINTMENT

I have a Patient Portal Account

Username: Password: **LOGIN**

[? Need help with your username and password?](#)

Don't Have an Account? Simply Fill Out the Fields Below

1) Select Your Medical Practice

Practice:

2) Enter your information

* First Name: Middle Name: * Last Name:

* Address:

Address 2:

Address 3:

* City: * ZIP Code: Country: * State:

* Phone number (1234567890): Phone Extension:

* Date of Birth (mm/dd/yyyy):

* Email Address: * Confirm Email Address:

BACK **NEXT** **CANCEL**

©1996-2015 NextGen Healthcare Information Systems, LLC [Site Map](#) | [Privacy Policy](#)

Step 4: Once all required fields are complete, click NEXT.

Step 5: The Insurance information page is optional. You may enter all, some or none of the information on this page. Then click NEXT.

PatientPortal **NEXTGEN[®] HEALTHCARE**

YOUR PRACTICE & INFORMATION **INSURANCE INFORMATION** ENROLLMENT CREDENTIALS

1) Enter Your Health Insurance Information (Optional)

I am self-insured

Insurance/Payer name:

Policy number:

Group number:

Group name:

2) Enter Your Health Insurance Claim Mailing Address (Optional)

Address:

City: **State:** **ZIP Code:**

Country:
United States

Phone number:

BACK **NEXT** **CANCEL**

©1996-2015 NextGen Healthcare Information Systems, LLC [Site Map](#) | [Privacy Policy](#) English

Step 6: Please select a username and password. Please note that passwords must be at least 6 characters in length and contain at least one number. Passwords are case sensitive.

Step 7: Security Questions – please select a security question and type in the correct answer.

Patient Portal **NEXTGEN**
HEALTHCARE

YOUR PRACTICE & INFORMATION INSURANCE INFORMATION **ENROLLMENT CREDENTIALS**

1) Create Username and Password
Create a username and password you want to use when you log in. Asterisk () denotes required field.*

* Username:
Username must be between 6-50 characters which may be a combination of letters, numbers and [special characters](#) and is case sensitive.

* Password:
Password must be between 6-50 characters with no spaces, must include at least one numeric digit, is case sensitive, and can be a combination of letters and [special characters](#).

* Retype Password:

2) Create Security Question
Choose a login security question and enter your answer. This question will be used as part of the login authorization process. You will be prompted to enter the answer for your selected question when you try to login to your account. Asterisk () denotes required field.*

* Select a Question:
* Answer:
* Retype Answer:

3) Create Password Recovery Credentials
Create a forgotten password question and enter the answer. This question will be used in the password reset process. You will be prompted to enter the answer for this question in case you need to reset your password in the future. Asterisk () denotes required field.*

* Create a Question:

Step 8: Password Recovery Question – Create your own password recovery question and type in the answer.

Step 9: Hidden number – In the box to the right you will see a photo, inside the photo will be a number. Please type the number shown in the white box below it. If you are having difficulty seeing the number you can click on the small speaker symbol next to the white box and the narrator will say the number to you.

Step 10: Once all required fields have been entered, click COMPLETE ENROLLMENT

* Password:

Password must be between 6-50 characters with no spaces, must include at least one numeric digit, is case sensitive, and can be a combination of letters and [special characters](#).

* Retype Password:

2) Create Security Question

Choose a login security question and enter your answer. This question will be used as part of the login authorization process. You will be prompted to enter the answer for your selected question when you try to login to your account. Asterisk (*) denotes required field.

* Select a Question:

Please choose a security question.

* Answer:

Please enter a security answer.

* Retype Answer:

Please confirm your security answer.

3) Create Password Recovery Credentials

Create a forgotten password question and enter the answer. This question will be used in the password reset process. You will be prompted to enter the answer for this question in case you need to reset your password in the future. Asterisk (*) denotes required field.

* Create a Question:

Please enter a password reset question.

* Enter your answer:

Please enter a password reset answer.

* Retype Answer:

Please confirm your password reset answer.

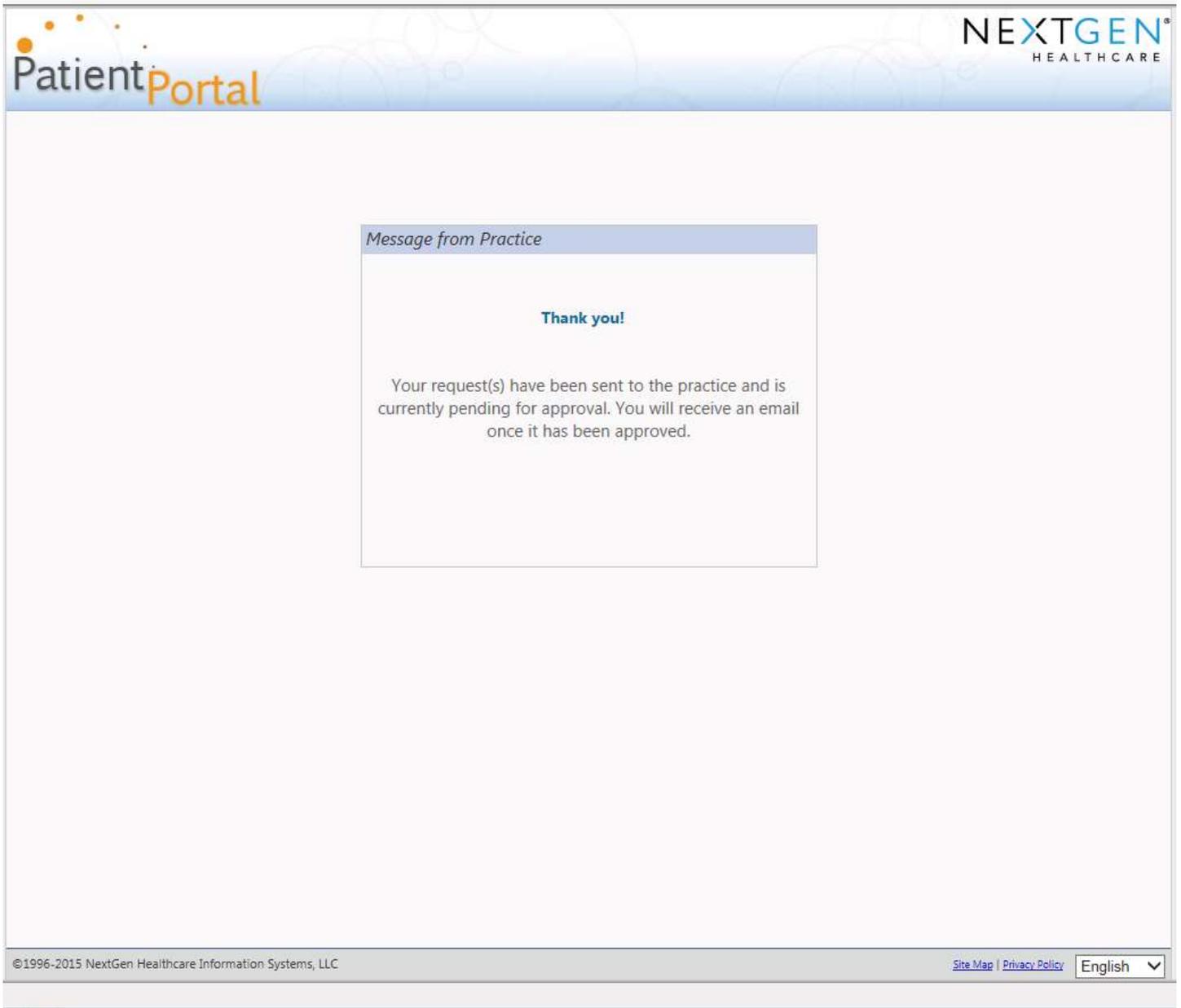


[Privacy & Terms](#)

©1996-2015 NextGen Healthcare Information Systems, LLC [Site Map](#) | [Privacy Policy](#) English

PATIENT PORTAL – Getting Registered

If you receive the screen below, then you have successfully completed enrollment in the Ho-Chunk Nation Department of Health Patient Portal. The Department of Health will review your information and confirm your registration. You will receive an email at the address you provided confirming or denying your enrollment in the Patient Portal.



The screenshot shows the Patient Portal interface. At the top left is the "PatientPortal" logo with orange dots. At the top right is the "NEXTGEN HEALTHCARE" logo. The main content area features a "Message from Practice" box with a blue header. Inside the box, it says "Thank you!" in bold blue text, followed by a paragraph: "Your request(s) have been sent to the practice and is currently pending for approval. You will receive an email once it has been approved." At the bottom left of the page, there is a copyright notice: "©1996-2015 NextGen Healthcare Information Systems, LLC". At the bottom right, there are links for "Site Map" and "Privacy Policy", and a language dropdown menu set to "English".