

PATIENT TUTORIAL GUIDE FOR HEALTH VILLAGE IMAGING PATIENT PORTAL

SYNAPSE



Welcome to Health Village Imaging Patient Portal! Request appointments, fill out necessary paper work/consent forms, and access your results.

Member Sign In
 Username:
 Password:
 Remember my Forgot Password? username

[New to the portal? Request an account.](#)



Step 1

| | |
|--|---|
| <p>Schedule Schedule or Request an Exam</p> | <p>Preferences Enter your personal details Update your contact information Update your insurance information Set your signing PIN Change your password</p> |
| <p>Appointments Review your upcoming appointments Confirm that you will attend an appointment Cancel or reschedule appointments Fill out paperwork before arrival</p> | <p>Results Review your completed studies</p> |

Step 2

Home Patient Information Insurance Responsible Party My Favorite Location

Preferences Patient Identification Contact Information

Self Scheduling First Name: Middle Initial: Last Name: Suffix: Personal Information

Exam Results Date of Birth: Gender: SSN: Marital Status: Race: Ethnicity: Preferred Language: Profile Picture:

Street Address: Street Address 2: City: State: Zip: Country: Home Phone: Alternate Phone: Mobile Phone: Email: Preferred Reminder Method: Emergency Contact Phone: Extension

Step 3

Home Patient Information Insurance Responsible Party My Favorite Location

Preferences Security Contact Method Password Settings

Self Scheduling Appointment reminder

Exam Results Security Questions

In what city or town did you first live on your own?
 What street did you live on in third grade?

Continue *Indicates required field.

Step 4

Home Patient Information Insurance Responsible Party My Favorite Location

Preferences Security Contact Method Password Settings

Self Scheduling Appointment reminder

Exam Results Security Questions

In what city: Enter your password and verification in the fields below

Old Password: New Password: Verify Password:

Continue *Indicates required field. Change Password

Step 5

Request an account

First Name: *
 Last Name: *
 Date of Birth: *
 SSN:
 Home Phone: *
 Mobile Phone: (Used for security verification)
 Insurance Carrier:
 Email: *
 Password: *
 Confirm Password: *

* indicates required field.

Step 6

Accept End User License Agreement

We strive to keep all of the information in your records correct and complete. If you identify any discrepancy in your records, you agree to notify us immediately by informing your provider. Additionally, by using the Patient Portal the user agrees to provide factual and correct information.

Step 7

Registration Complete

Registration complete, you will be notified via email when your request has been processed.

Help is available
Monday-Friday: 7:30 am-5:30 pm
609-660-9729

Manahawkin
609-660-9729

Little Egg Harbor
609-660-9729

Jackson
732-497-1200

Wall Circle Park
732-974-8060