

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 username
 Forgot Password?

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



Schedule
Schedule or Request an Exam

Appointments
Review your upcoming appointments
Confirm that you will attend an appointment
Cancel or reschedule appointments
Fill out paperwork before arrival

Step 1

Preferences
Enter your personal details
Update your contact information
Update your insurance information
Set your signing PIN
Change your password

Results
Review your completed studies

Home Patient Information Insurance Responsible Party My Favorite Location

Step 2

Preferences Patient Identification Contact Information

Self Scheduling First Name: Middle Initial: Last Name: Suffix: Street Address: Street Address 2: City: State: Zip: Country: Home Phone: Alternate Phone: Mobile Phone: Email: Preferred Reminder Method: Emergency Contact Phone: Extension

Exam Results Personal Information

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

Home Patient Information Insurance Responsible Party My Favorite Location

Step 3

Preferences Security Contact Method Password Settings

Self Scheduling Email SMS Change Password *Security Pin: You must configure a 4-digit PIN number to sign consent forms within the Patient Portal. Always require a security code to log in:

Appointments Appointment reminder Remind me 24 Hours before my appointment.

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?

*Indicates required field.

Home Patient Information Insurance Responsible Party My Favorite Location

Step 4

Preferences Security Contact Method Password Settings

Self Scheduling Email SMS Change Password *Security Pin: You must configure a 4-digit PIN number to sign consent forms within the Patient Portal. Always require a security code to log in:

Appointments Appointment reminder Remind me 24 Hours before my appointment.

Exam Results Security Questions

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

Old Password:

New Password:

Verify Password:

*Indicates required field.

Request an account

Step 5

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.

Accept End User License Agreement

Step 6

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.

Registration Complete

Step 7

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
888-271-9729 (xray)

Manahawkin
888-271-9729 (xray)

Little Egg Harbor
888-271-9729 (xray)

Jackson
888-271-9729 (xray)

Wall Circle Park
888-271-9729 (xray)