

# NormanMD Start Guide

Use this step-by-step guide to register your discounted NormanMD account and connect to a physician when you need them.



# NormanMD

Navigate to: <https://care.normanmd.com/en/#/security/self-paid/promo-select-payment?promo=ABOR2023> and select an eligible NormanMD plan.

10% OFF	10% OFF
<b>INDIVIDUAL</b> 1 Year / 365 Plan <del>\$120</del> <b>\$108</b> / yr	<b>FAMILY</b> 1 Year / 365 Plan <del>\$240</del> <b>\$216</b> / yr
For individual adults 18+ looking for <i>yearly access</i> to on-demand telemedicine	For families looking for <i>yearly access</i> to on-demand telemedicine
Family Medicine Physicians, 24/7	Up to 4 family member accounts
No copays. No appointments needed.	Family Medicine & Pediatric Physicians, 24/7
One time fee	No copays. No appointments needed.
One time fee	One time fee
<a href="#">Get Started</a>	<a href="#">Get Started</a>

## Enter your payment information.

Your special ABOR promotional code will auto populate and the discounted price will display on this screen.

Subscription Total  
**\$108**  
Plan Starts 8/7/2023

**Providing Care for Patients Currently in Texas**  
In compliance with *governing rules and regulations*, NormanMD physicians can only prescribe for and treat patients currently located within the state of Texas at the time of service.

**HSA/FSA Disclaimer**  
NormanMD cannot guarantee HSA/FSA eligibility or reimbursement. At this time, we cannot accept HSA/FSA cards as payment for services.

**Please enter payment information**  
Payment will be associated with the email you use to complete account setup.

First Name	
Last Name	
Credit Card Number	<b>Billing Address</b>
Expiration date	Address
Month    Year	City
CVV/Security Code	State * TX
Promotional Code ABOR2023	Zip Code

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## Enter in your demographic information.

On this page you can also review our Terms of Use and Billing Policies.

### New User Registration

Step 1 of 4

First Name *	Account Password *
<input type="text"/>	<input type="password"/>
Last Name *	<small>Password must be at least 8 characters and contain at least 1 capital letter, 1 number and 1 symbol (e.g. ? !)</small>
<input type="text"/>	
Preferred Name	Password *
<input type="text"/>	<input type="password"/>
Date of Birth MM/DD/YYYY	Confirm Password *
<input type="text"/>	<input type="password"/>
Gender *	<input type="checkbox"/> I agree to the <a href="#">Terms of Use</a> and <a href="#">Billing Policies</a> .
<input type="text"/>	
Language *	
<input type="text"/>	
Payment plan Individual 365 Plan	
<input type="text"/>	
Email *	
<input type="text"/>	
Phone *	
<input type="text"/>	
Address line 1 *	
<input type="text"/>	
Address line 2	
<input type="text"/>	
City *	
<input type="text"/>	
State * TX	
<input type="text"/>	
Zip *	
<input type="text"/>	
<small>Have you completed a phone call or video visit through Norman MD OR had an office visit with an Austin Regional Clinic provider in the past three years?</small>	
Previous Patient *	
<input type="text"/>	

## Then, answer 3 Security Questions.

### Security Questions

Step 2 of 4

3 Questions Required

What is the name of your first pet?

In what city or town did your parents meet?

What was the name of the company where you had your first job?

What is your maternal grandmother's maiden name?

What is the name of your best friend from childhood?



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## Add your Medical Information.

Completing your medical information and keeping it up to date gives our physicians a great starting point for how to best provide you care.

### Medical Information

Step 4 of 4

#### Medical History\*

- None
- ADD/ADHD
- Allergies
- Anemia
- Anxiety
- Arthritis
- Asthma
- Auto-immune/Rheumatologic disease
- Cancer
- CHF (Congestive heart failure)
- Clotting disorder
- COPD/Chronic Lung Disease
- Depression
- Diabetes mellitus Type 1
- Diabetes mellitus Type 2
- Eczema
- GERD
- Head injury/History of concussion
- Headaches
- Heart murmur
- High cholesterol
- HIV/AIDS
- Hormone/Endocrine condition
- Hypertension/High blood pressure
- Inflammatory bowel disease
- Kidney disease
- Kidney stones
- Liver disease/Hepatitis
- Meningitis
- Migraines
- Myocardial infarction
- Pneumonia
- Pregnancy (current)
- Seizure disorder
- Sickle cell disease/trait
- Stroke
- Thyroid disease
- TMJ (Chronic jaw pain)
- Other

#### Primary Care Provider\*

Add Primary Care Provider +

#### Pharmacy

Add Pharmacy +

#### Allergies

Add Allergy +

#### Medications

Add Medication +

#### Surgeries

Add Surgery +

Other .....

Save

Required fields (\*) need to be completed before proceeding.

## Next, verify your account.

This is when you will be charged the one time 365 plan fee.

### Account Verification

Step 3 of 4

Before we can complete your registration we need to verify your account. Once verified, your card will be charged.

Would you prefer to receive the verification code by text or by email?

Text (512) [REDACTED]

Email amember@abortest.com

Send Code

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# NormanMD

## You can now connect to a physician when you need them!

Click the “Start Visit” button to begin an encounter.

NormanMD On-demand secure chat with a doctor Sign Out

Home Visit History Family My Medical Info My Account

Welcome, ABOR Member  
Your account is: **Active**  
You are covered by: **Individual 365 Plan**

If any of this information is incorrect, please contact Customer Service at **512-421-5678**.

Customer Service Hours  
Monday - Friday  
8 AM - 5 PM CT

Start Visit

English

## Did you purchase a Family-365 plan?

You can add up to three dependents to your account. Simply click on “Family” in the left side menu and then “+ Add Family Member”.

NormanMD On-demand secure chat with a doctor Sign Out

Home Visit History Family My Medical Info My Account

Account Profiles Manage Subscription Fine Print

Plan: Family 365 Plan

Name	Subscription
ABOR Member	Account Holder

You have room for 3 additional family member(s) with your current plan.

+ Add Family Member

