Coquille Indian Tribe
Community Health Center
Tribal Clinic Patient Portal- Self Enrollment

- The following link is permanent and specific to the CIT Tribal Clinic and allow patients to self-enroll.
- This link can be shared, posted or made into a hyperlink:
- [https://www.nextmd.com/Enroll/TermsAndConditions.aspx?practiceId=e203fec2-785a-4caf-a1b9-4b925df4256a](https://www.nextmd.com/Enroll/TermsAndConditions.aspx?practiceId=e203fec2-785a-4caf-a1b9-4b925df4256a)
- Hyperlink: [Coquille Patient Portal Enrollment](https://www.nextmd.com/Enroll/TermsAndConditions.aspx?practiceId=e203fec2-785a-4caf-a1b9-4b925df4256a)

**Patient Instructions to Self-Enroll**

Click here [Coquille Patient Portal Enrollment](https://www.nextmd.com/Enroll/TermsAndConditions.aspx?practiceId=e203fec2-785a-4caf-a1b9-4b925df4256a) and follow these steps:

**1. Accept agreement:**

![Patient Portal](image.png)
2. Click on Sign Up for new account:

Welcome to Patient Portal

- Sign up for a new account
- Add to an existing account

3. Select Practice:

Select Medical Practice

- Practice:
  - Coquille Tribal Health Center

- NEXT  CANCEL
4. Fill in Your Personal Information:

Enter personal information

- **First Name**: Bravo
- **Last Name**: Test
- **Address 1**: 1234 Main Street
- **City**: Coos Bay
- **ZIP code**: 97420
- **State**: Oregon
- **Country**: United States
- **Phone**: 541-123-4567
- **Email address**: bravotest@coquilletribe.org

**Confirm email address**: bravotest@coquilletribe.org

[Next] [Cancel]
5. Optionally provide Insurance information or skip it:

[Image of form]

- I am self-insured
- Insurance/payer name
- Policy number
- Group name
- Group number

Enter claim mailing address (optional)
- Address 1
- City
- ZIP code
- State
- Country
- United States
- Phone (215 - 456 - 7890)
- Extension

I'm not a robot [CAPTCHA]

NEXT CANCEL
6. Create username and password:

Set up account

* Username

Use 6-50 characters

* Password

Use 8 or more characters
Use upper and lower case letters (e.g., Bb)
Use a number (e.g., 1234)
Use a special character (e.g., !@#)
Avoid including commonly used passwords (e.g., password)

* Confirm Password

NEXT  CANCEL
7. Set up security questions

Set up security questions

Please select five unique security questions, then enter your answers.

1. Security question 1
   What is your maternal grandmother's first name?

2. Answer 1
   Name

3. Security question 2
   In what city was your father born?

4. Answer 2
   City

5. Security question 3
   In what city was your mother born?

6. Answer 3
   City

7. Security question 4
   What is your favorite hobby?

8. Answer 4
   Hobby

9. Security question 5
   In what city were you married?

10. Answer 5
    City

[Next] [Cancel]
7. Complete enrollment:

Submit enrollment request

Thank you!

Select "Complete Enrollment" to send your enrollment request to the practice for approval. You will receive an email once it has been approved.

If you would like to request an appointment, you can do so by clicking on the button below:

- [Complete Enrollment]
- [Request an Appointment]

8. View confirmation:

Pending approval

Thank you!

Your enrollment request has been submitted and is pending approval from the practice.
9. Once CHC Staff confirm your patient identity in our system, they will approve enrollment and you will receive an email confirming enrollment. You can now access your health records.

To: Bravo

This email is to notify you that you have successfully completed the NextGen Patient Portal enrollment process and your practice has approved your enrollment request.

Please retain this email for your records.

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.