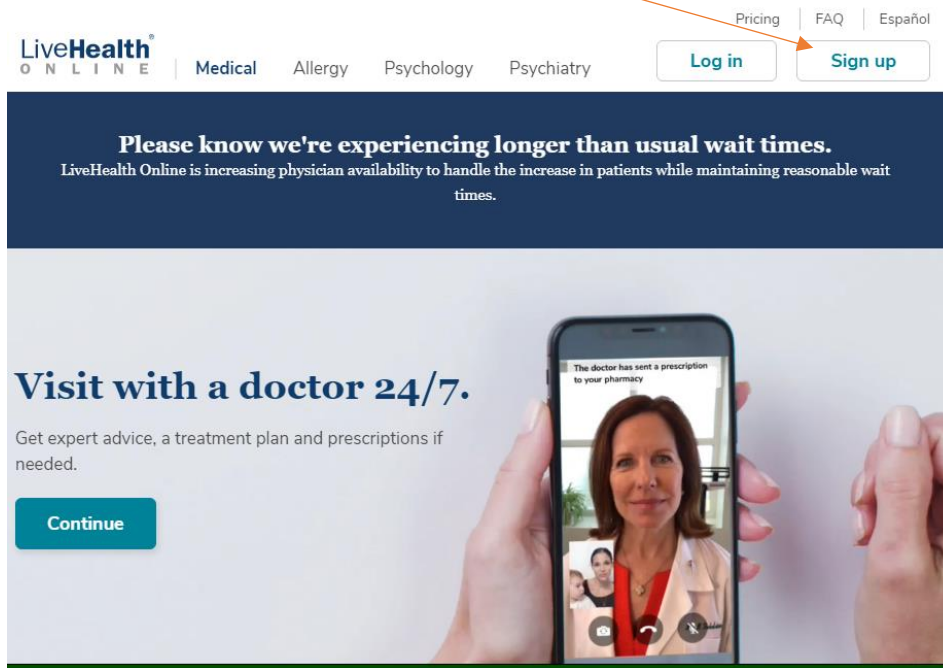


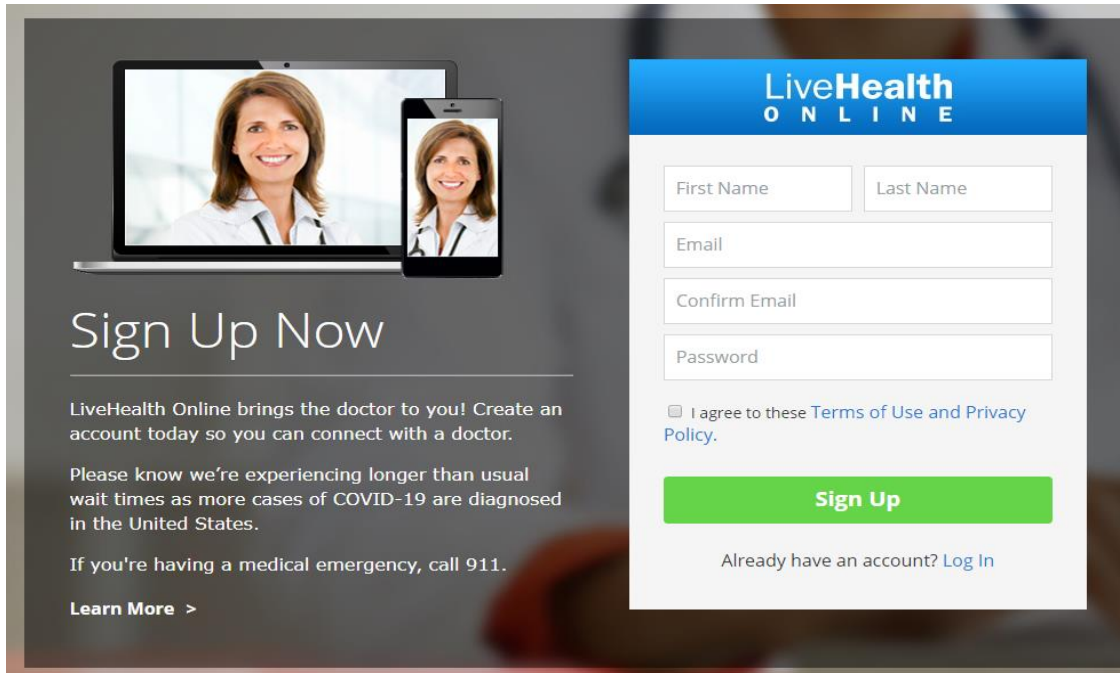
**INSTRUCTIONS FOR MEDICAL VISIT, CLICK [HERE](#) FOR INSTRUCTIONS FOR THERAPIST VISIT**

Step 1: Go to the [Empire Plan Hospital Program](#) microsite at [www.empireblue.com/nys](http://www.empireblue.com/nys). On this screen, you will see a link to LiveHealth Online.

Step 2: When member clicks on link to [LiveHealth Online \(www.livehealthonline.com\)](#), below screen will come up. Member will then click on the Sign Up button in the top right corner of the screen.



Step 3: At this screen, member will begin the Sign Up process or login if already registered. Member will also be asked to provide brief medical history.



The image shows a screenshot of the LiveHealth Online sign-up page. On the left, there is a 'Sign Up Now' section with a doctor's photo on a laptop and smartphone. The text says: 'LiveHealth Online brings the doctor to you! Create an account today so you can connect with a doctor. Please know we're experiencing longer than usual wait times as more cases of COVID-19 are diagnosed in the United States. If you're having a medical emergency, call 911. Learn More >'. On the right, there is a sign-up form with fields for First Name, Last Name, Email, Confirm Email, and Password. Below the fields is a checkbox for 'I agree to these Terms of Use and Privacy Policy.' and a green 'Sign Up' button. At the bottom of the form, it says 'Already have an account? Log In'.

✓ Get Started    **Your Visit**    Pharmacy    Payment    Your Provider

## Your Visit

What would you like to discuss today?

- |  |   |
|--|---|
| <input type="checkbox"/> Cold              | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> Fever             | <input type="checkbox"/> Rash                               |
| <input type="checkbox"/> Flu-Like Symptoms | <input type="checkbox"/> Stomachache                        |
| <input type="checkbox"/> Headache          | <input type="checkbox"/> <input type="text" value="Other"/> |

What is your current physical address in the event of a medical emergency?

Are you allergic to any medications?

Are you now or could you be pregnant?

## Medical History

**CONDITIONS** Have you ever been diagnosed with any of the following conditions?

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol Use Disorder       | <input type="checkbox"/> Fibromyalgia                     |
| <input type="checkbox"/> Allergies                  | <input type="checkbox"/> Gastrointestinal Bleeding        |
| <input type="checkbox"/> Anxiety                    | <input type="checkbox"/> Glaucoma                         |
| <input type="checkbox"/> Arthritis                  | <input type="checkbox"/> Gout                             |
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Headaches                        |
| <input type="checkbox"/> Atrial Fibrillation        | <input type="checkbox"/> Hearing Loss                     |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Heart Disease                    |
| <input type="checkbox"/> Back Pain                  | <input type="checkbox"/> Heartburn, Reflux                |
| <input type="checkbox"/> Bipolar Disorder           | <input type="checkbox"/> High Blood Pressure/Hypertension |
| <input type="checkbox"/> Blood Clots                | <input type="checkbox"/> High Cholesterol                 |
| <input type="checkbox"/> Breast Disease             | <input type="checkbox"/> Immune Deficiency                |
| <input type="checkbox"/> Cancer                     | <input type="checkbox"/> Irritable Bowel Syndrome         |
| <input type="checkbox"/> Chronic Fatigue Syndrome   | <input type="checkbox"/> Kidney Stones                    |
| <input type="checkbox"/> Chronic Kidney Disease     | <input type="checkbox"/> Macular Degeneration             |
| <input type="checkbox"/> Chronic Liver Disease      | <input type="checkbox"/> Migraine                         |

## Pharmacy

Where would you like prescriptions sent?

**CVS/pharmacy #0375**  
RETAIL  
260 DELAWARE AVENUE  
DELMAR, NY 12054  
(518) 439-0516

Another Pharmacy

**Back** **Continue**

Select Empire Blue Cross and Blue Shield from drop down list. Then enter your identification number exactly as it appears on your Empire Plan ID Card. This will ensure your visit will be free of charge.

✓ Get Started   ✓ Your Visit   ✓ Pharmacy   Payment   Your Provider

## Insurance

I have insurance  
Insurance may cover all or part of your visits. If your plan isn't listed, you can still have a visit.

Empire Blue Cross and Blue Shield (NY) ▼

Subscriber ID

Are you the Primary Subscriber?

Yes    No

I don't have insurance

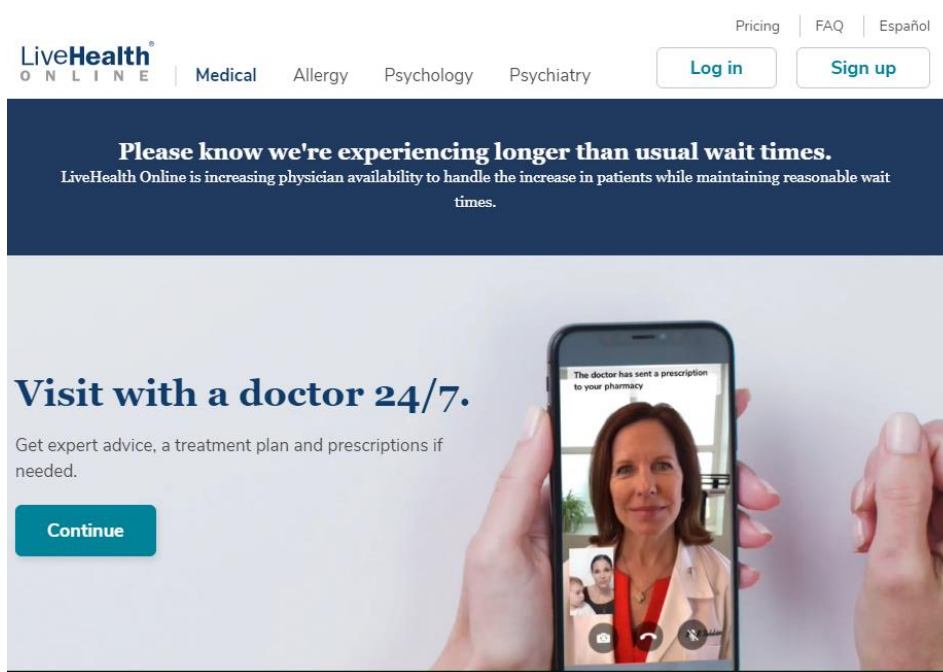
My plan isn't listed / Prefer not to answer

Continue

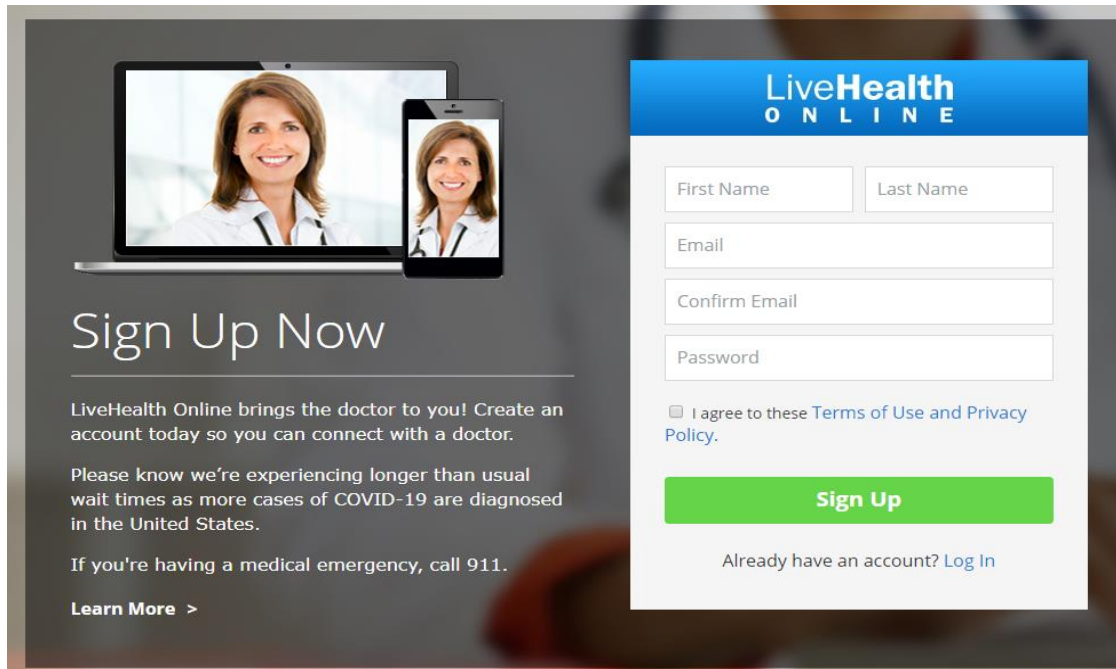
## INSTRUCTIONS FOR THERAPY VISIT

Step 1: Go to the [Empire Plan Hospital Program](http://www.empireblue.com/nys) microsite at [www.empireblue.com/nys](http://www.empireblue.com/nys). On this screen, you will see a link to LiveHealth Online.

Step 2: When member clicks on link to [LiveHealth Online \(www.livehealthonline.com\)](http://www.livehealthonline.com), below screen will come up. Member will then click on the Sign Up button in the top right corner of the screen.



Step 3: At this screen, member will begin the Sign Up process or login if already registered.





### Schedule an Appointment

-  Choose by Date 
-  Choose by Provider 

# Schedule an Appointment



Choose by Date



March 2020							April 2020						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4
8	9	10	11	12	13	14	5	6	7	8	9	10	11
15	16	17	18	19	20	21	12	13	14	15	16	17	18
22	23	24	25	26	27	28	19	20	21	22	23	24	25
29	30	31					26	27	28	29	30		

Thursday, March 26, 2020



**Nicole Daisy-Etienne**

Psychologist

[View Profile >](#)

Visit Cost: \$95.00  
may be covered by your insurance or employer

9:00 PM

10:00 PM

**Visit cost will be waived at the time of the therapist visit once you enter your identification number exactly as it appears on your Empire Plan ID Card.**

CLOSE



Choose by Provider



# Schedule Appointment

Thursday, March 26, 2020 at 9:00 PM EDT with Nicole V. Daisy-Etienne, Psychologist

Who is this visit for?

- Myself
- My child

What phone number should a provider call for follow-up, if needed?\*

[Back](#) [Continue](#)

If you prefer to schedule by phone, call 1-888-LiveHealth (1-888-548-3432).

# Schedule Appointment - Payment Method

Thursday, March 26, 2020 at 9:00 PM EDT with Nicole V. Daisy-Etienne, Psychologist

Appointment Cancellation Policy: You may be charged \$25 if you miss this appointment or cancel the appointment with less than 24 hours' notice. If you need to reschedule or cancel your appointment, visit us online or by calling 1-888-LiveHealth.

Credit Card Information

- Use credit card ending in 5818
- Use a different credit card

[Back](#) [Continue](#)

If you prefer to schedule by phone, call 1-888-LiveHealth (1-888-548-3432).

**Credit card information required to secure appointment. Credit card will not be charged when scheduling appointment. Credit card will only be charged if appointment is not cancelled within 24 hours.**



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## Appointment Details

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**Nicole V. Daisy-Etienne**

Psychologist

9:00 PM EDT

Thursday, March 26, 2020

[Cancel](#)

[Schedule Appointment](#)

If you prefer to schedule by phone, call 1-888-LiveHealth (1-888-548-3432).