sharecare

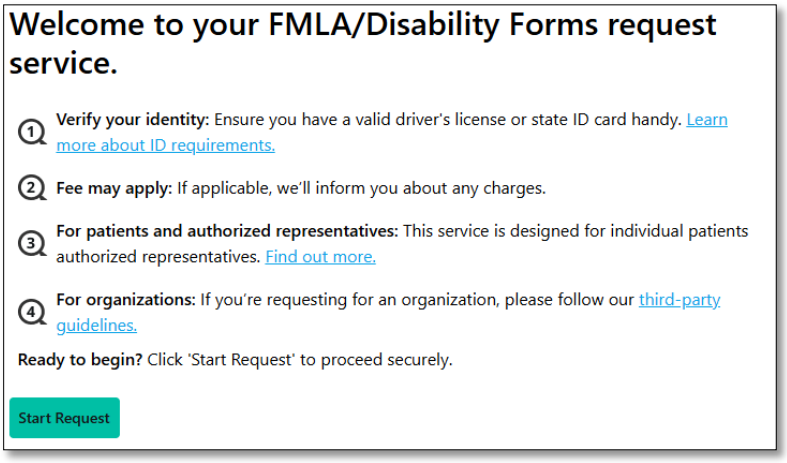
Sharecare FMLA/Disability Submission Portal Instructions

1. Navigate to portal website:

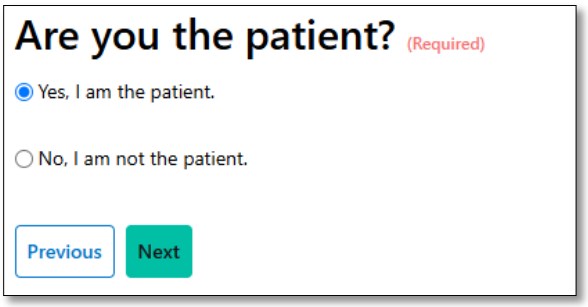
   https://myplatform.hds.sharecare.com/submission-tools/ui/patient?clientId=NC058F

   a. **If you bookmark the tool, please be sure to edit your bookmark and copy and paste the above URL.*

2. Select Start Request



3. Select Yes, I am the patient



4. Enter First and Last name

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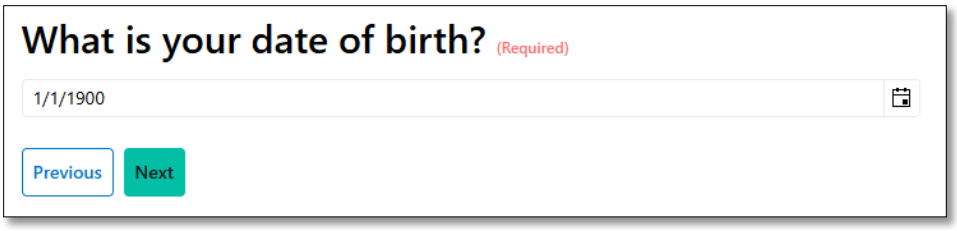
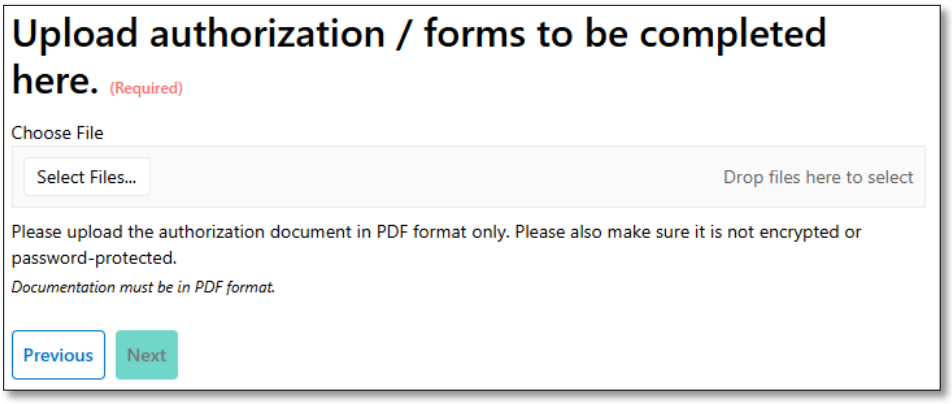
5. Enter date of birth



6. Enter your email address
    a. Confirm email address
    b. If you would like to receive status notification, please Select - I consent to receive status notification emails about the progress of this request. Note, Sharecare will never share your email address or use it for any other purpose.
7. Enter cell phone number
    a. Confirm cell phone number
8. Upload Forms document
    a. Drag and drop files to upload
        i. Or
    b. Click select files to search your device or file



Please note: Document must be PDF format and do not encrypt, or password protect the file.

9. Enter Practice or clinic information
    a. Facility Name
    b. Street Address
    c. City
    d. State
    e. Zip Code
10. Select Recipient of Forms
    a. Patient (yourself)
    b. A family member, caregiver
        i. If selected, enter Recipients Name

c. A third party, such as an employer or insurance company
    i. If selected, enter Recipients Name

11. Select preferred Delivery Method
    a. Secure Email
        i. Enter email address
            1. Patients email address with be auto populated.
    b. Mail
        i. Enter mailing address
    c. Fax
        i. Enter Fax number
12. Enter Recipients phone number
13. Enter any additional information
14. Sign for your request
15. Rate your experience.
16. Enter additional feedback and Select Submit Request