...one medical now How to Create a One Medical Now account

To access care through One Medical Now, you must first create an online account.

1. Visit <u>www.onemedical.com/mynow</u> and click 'Activate your sponsored membership'



***NOTE:** If you have an existing One Medical membership and you have since moved to a location where One Medical does not have physical offices, like Texas, please email <u>techsupport@onemedical.com</u> to update your location to "Virtual" and the One Medical team will update your profile. It's important to update your location, because One Medical has customized the experience for One Medical Now (virtual care) members.

2. Enter your SpaceX e-mail.



3. Enter our company code: SXJCXOM15

<	+: one medical Already of	a member? Log in					
	Enter your activation code						
	What's your activation code? Enter activation code Forgot your code? Resend to joe@spacex.com						
	Next						

4. Select the type of membership you would like to create.



5. Complete the requested information (i.e., Name, Date of Birth, Sex, Contact Information, etc.)

	•one	medical		
Let nere's no pape so	t's start w rwork in the of we can set up	vith your info fice. Just provide a few details your child's account.	now	
First name		Last name		
Enter first no	ame	Enter last name	Confirm your contact information	
+ Add a Prefer Date of birth	dd a Preferred Name (optional) e of birth		t first name Parent last name	
MM	DD	YYYY		
Sex				
Male	Female	7	ppt, suite, floor (optional)	
+ Add gender information			number	
			ry communication email	
		Vext	All communications for your child will be sent to this email. This includes registration confirmation, account and appointment information.	

For technical difficulties, call One Medical at 310-300-1051.

6. Review and accept the Terms of Service and HIPAA Notice.

Terms of Service and HIPAA Notice						
I am at least 18 years of age and I have read and accept:						
Membership Terms of Service	l agree					
Medical Terms of Service	l agree					
Privacy Policy	l agree					
I acknowledge receipt of the following:						
Notice of HIPAA Privacy Practices	l acknowledge					