



Teladoc<sup>™</sup>  
HEALTH

made available through  
aetna<sup>™</sup>



## Dermatology

Website visit request member experience

# Login page

- If already registered, member logs in at [teladoc.com/aetna](https://teladoc.com/aetna) by entering the username and password previously created

We've connected patients like you  
with doctors over 2 million times

Speak to a licensed doctor by phone or video in under 10 minutes.

### Talk to a doctor

USERNAME

PASSWORD

SUBMIT

[Forgot your Password?](#)

### Setup your account

FIRST NAME

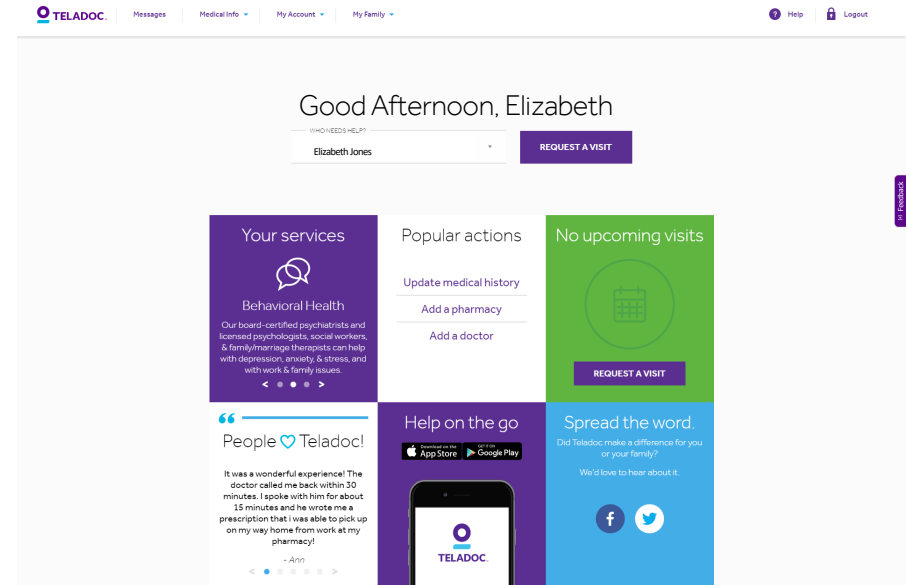
LAST NAME

DATE OF BIRTH  AETNA MEMBER ID

SUBMIT

# Home page

- Clean, succinct top navigation makes it easy to move around the site
- Members see relevant information about services available to them
- Easy access to begin the request a visit process from home page



# Request a visit – basics

- Member selects the state they will be in for the visit and the visit type

**TELADOC**

1. Consult Details ▶ 2. Billing Information ▶ 3. Review & Submit

## Request a Consult

Welcome Elizabeth Jones A Teladoc Physician Is Waiting To Help You.

If this is a **medical emergency**, please dial 911 or go to your nearest medical facility immediately.

Who is this consultation for?\*

Elizabeth Jones

Where will you be located during this consultation?\*

New York ▼

Consultation Type\*

Dermatology ▼

+ Feedback

Why don't I see all my dependents (or family members)?

Individuals 18 years of age and older need to create their own account in order to complete their medical history, enter personal information, and request visits with a provider.

# Current condition – Acne/rosacea

- Member will indicate which type of skin problem they are seeking care for and appropriate questions will populate below
- If acne or rosacea is chosen, the member will be prompted to answer questions about those conditions

**Description of your current problem**

Please select which type of skin problem you are seeking care for: Acne or Rosacea ▾

**Acne Intake Form**

Please describe the nature of your skin problem

**What areas of the body are involved and bothering you? (multiple selections ok)**

Face

Jaw line or chin

Chest

Back

**Are you developing any of the following?**

Redness or flushing None ▾

Whiteheads and blackheads None ▾

Red bumps None ▾

Painful bumps that seem deep None ▾

# Current condition – Acne/rosacea questions

How long have you had this problems? (ex: 1 year, 3 months, 1 year but getting worse in the past 2 months, etc.)

Does your acne/rosacea flare with your menstrual cycle?

Yes

Comments:

Are you currently taking birth control?

Yes

Which birth control are you currently taking?

How long have you been taking this birth control?

**Can you identify any triggers for your skin condition?**  
(Common triggers for acne include starting or stopping certain birth control, other medications, stress. Common triggers for rosacea include alcohol, spicy foods, and extreme temperatures)

# Current condition – Rash

- Member will indicate which type of skin problem they are seeking care for and appropriate questions will populate below
- If Rash is chosen, the member will be prompted to answer questions about those conditions

**Description of your current problem**

Please select which type of skin problem you are seeking care for:

Rash

**Rash Intake Form**

Please describe the nature of your skin problem

Have you previously been given a diagnosis for this skin problem by another dermatologist?

Yes

What was the diagnosis given to you?

What area(s) of the body is your skin problem located? (ex. eyelids, face, arms, tops of hands, etc)

# Current condition – Rash questions

Please rate the intensity of the following symptoms as it relates to your skin problem:

- |                          |                                  |                               |                                |                              |
|--------------------------|----------------------------------|-------------------------------|--------------------------------|------------------------------|
| Itching                  | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |
| Burning                  | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |
| Tingling                 | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |
| Numbness                 | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |
| Pain                     | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |
| Flaking/Scaling of skin  | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |
| Drainage of fluid or pus | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |

How long have you had this skin problem? (ex. 2 days, 3 weeks, 3 years, 1 week but had a similar episode 3 years ago, etc)

Does the skin problem come and go or is it persistent?

Can you identify any possible triggers for your condition? (ex. new makeup, recent travel, etc)



# Current condition – Mole or skin growth

- Member will indicate which type of skin problem they are seeking care for and appropriate questions will populate below
- If Mole or Skin Growth is chosen, the member will be prompted to answer questions about those conditions

Description of your current problem

Please select which type of skin problem you are seeking care for: Mole or Skin Growth

Mole or Growth on the Skin Intake Form

Please describe the nature of your skin problem

Have you previously been given a diagnosis for this skin problem by another dermatologist? Yes

What was the diagnosis given to you?

What area(s) of the body is your skin problem located? (ex. eyelids, face, arms, tops of hands, etc.)

When did you first notice this growth or mole? (ex. 1 week ago, 1 year ago, has been present for as long as I can remember, etc.)

# Current condition – Mole or skin growth questions

What prompted you to seek advice or treatment regarding this growth or mole?

Please describe how the mole or growth has been changing

Please rate the intensity of the following symptoms as it relates to your skin problem:

- |                          |                                  |                               |                                |                              |
|--------------------------|----------------------------------|-------------------------------|--------------------------------|------------------------------|
| Itching                  | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |
| Burning                  | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |
| Tingling                 | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |
| Numbness                 | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |
| Pain                     | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |
| Flaking/Scaling of skin  | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |
| Drainage of fluid or pus | <input type="radio"/> Not at all | <input type="radio"/> Minimal | <input type="radio"/> Moderate | <input type="radio"/> Severe |

# Current condition – “I’m not sure” or “none of the above” questions

Please describe the nature of your skin problem

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Have you previously been given a diagnosis for this skin problem by another dermatologist?

Yes

What was the diagnosis given to you?

---

What area(s) of the body is your skin problem located? (ex. eyelids, face, arms, tops of hands, etc)

---

**Please rate the intensity of the following symptoms as it relates to your skin problem:**

Itching	<input type="radio"/> Not at all	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe
Burning	<input type="radio"/> Not at all	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe
Tingling	<input type="radio"/> Not at all	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe
Numbness	<input type="radio"/> Not at all	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe
Pain	<input type="radio"/> Not at all	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe
Flaking/Scaling of skin	<input type="radio"/> Not at all	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe
Drainage of fluid or pus	<input type="radio"/> Not at all	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe

How long have you had this skin problem? (ex. 2 days, 3 weeks, 3 years, 1 week but had a similar episode 3 years ago, etc)

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Does the skin problem come and go or is it persistent?

---

Can you identify any possible triggers for your condition? (ex. new makeup, recent travel, etc)

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# Additional details/contact information

- Members then provide a few additional details and their contact information

Is there anything else you would like your doctor to know about this condition?

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Do you have any specific questions you would like answered?

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Are you currently pregnant?  Yes  No

Do you plan on getting pregnant within the next year?  Yes  No

Are you currently breastfeeding?  Yes  No

**What's the best way to contact you?**

Primary Phone\*

Secondary Phone

Other  Ext.

Comments

# Add images, Primary Care Physician, pharmacy

- Add a minimum of 3 images. The dermatologist will review these before getting back to the member. The images should be clear and use good lighting
- If medically necessary, the dermatologist may prescribe medication and send to the pharmacy chosen during this step
- The member has the opportunity to share the results of the visit with their primary care physician

The screenshot shows a web interface with a purple sidebar on the left and a white main content area on the right. The sidebar contains instructions about image uploads and an important note about pharmacy selection. The main content area has three sections: 'Would you like to add images to share with this provider?' with an 'ADD IMAGE' button and a table with columns 'Description', 'Image', and 'Actions'; 'Would you like to send consultation information to your primary care physician?' with radio buttons for 'Yes' and 'No', and a note about CCR; and 'What's the most convenient pharmacy near you?' with a list of pharmacies, an 'EDIT' button, and a 'Save pharmacy to your profile?' checkbox. At the bottom, there is a 'Where would you have gone if Teladoc was not available?' dropdown menu with 'Dermatologist' selected, and 'CANCEL' and 'CONTINUE' buttons.

Pictures uploaded before or during a consultation are intended to assist the physician in making an accurate diagnosis. Only take pictures that are necessary for the consultation. The pictures you take and upload are permanently saved to your medical history.

At least one uploaded image is required for Dermatology consults.

Acceptable file types: JPEG, GIF, PNG, 15MB max per image.

**IMPORTANT!** In case the Teladoc physician prescribes a medication for you.

The pharmacy you select must be located within the state you indicated you will be located during the consultation.

Would you like to add images to share with this provider?

**ADD IMAGE**

Description	Image	Actions
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Would you like to send consultation information to your primary care physician? \*

Yes

No

By selecting Yes, I authorize Teladoc to send my continuity of care record (CCR) to my primary care physician. I understand that my CCR contains personal medical information that was obtained during my Teladoc consultation.

What's the most convenient pharmacy near you?

The following list of pharmacies may include pharmacies that are not in your network. Before choosing a pharmacy, make sure that your benefit plan will cover prescriptions filled at that pharmacy.

- Walgreens Drug Store 05221 1025 S MILTON RD FLAGSTAFF, AZ 860016349
- CVS/pharmacy #2810 175 W JACKSON Chicago, IL**

**EDIT**

Save pharmacy to your profile?

Where would you have gone if Teladoc was not available? \*

Dermatologist

**CANCEL** **CONTINUE**

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# Review & submit

- Members review the information they provided in the request process agree to the Terms of Service and Terms and Conditions and click Continue to submit the request

1. Consult Details > 2. Billing Information > 3. Review & Submit

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## Review And Submit

Patient	Elizabeth Jones	<a href="#">EDIT &gt;</a>
Patient Contact Numbers	Primary Phone (602) 384-6705	
Consult Alternative	Dermatologist	
Consult State	IL	
Consult Type	Dermatology	
Consult Method	Message Center	
Consult Mode	N/A	
Pharmacy	CVS/pharmacy #2810 175 W JACKSON Chicago,IL	

Terms Of Service

I agree to the [Terms of Service](#) and the [Terms and Conditions](#).

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[« PREVIOUS](#) [CONTINUE](#)

# Online Message Center

- The member will receive a notification by email when the dermatologist has responded to their request

The screenshot displays the Teladoc Online Message Center interface. At the top, there is a navigation bar with tabs for 'Messages', 'Medical Info', 'My Account', and 'My Family'. On the right side of the navigation bar, there are icons for help (a question mark) and a lock, and a 'REQU' button. Below the navigation bar, the main content area is divided into two sections. On the left, there is a 'Always on call!' section with a phone icon and a 'Request a consultation anytime' link. On the right, there is a 'Message Center' section with a list of messages. The messages are:

- A message about your Care Recipient Account (Oct. 3, 2017) with a 'View' button.
- A message about your Care Recipient Account (Oct. 3, 2017) with a 'View' button.
- A message about your Jul 26 Dermatology consultation (Jul. 26, 2017) with a 'View' button. This message is circled in red.

# Online Message Center

## A message about your Jul 26 Dermatology consultation

**Patient:** ELIZABETH JONES

**Doctor:** Norman Levine [PROFILE](#)

**Diagnosis:** Other seborrheic keratosis

**Doctor:** Dr. Levine

Jul. 26, 2017 3:54 pm EDT

Dear ELIZABETH JONES,

**Thanks For Using Teladoc!**

I have carefully reviewed the information and images you submitted for this consultation. Based on my review, below is my assessment:

Seborrheic keratosis, which is also known as an age spot or liver spot

The following is the treatment plan that I would like you to follow:

No treatment is indicated for this totally benign lesion.

**Follow Up Needed:**

Your provider recommends you no longer have an issue.

Please seek medical attention if you develop any new symptoms or if your current symptoms worsen.

[Images](#)

[Print](#)

[Back](#)