

Access2Care

Online Scheduling

Login

<http://a2cmember.emsc.net/Login.aspx>

Access2Care

America's Leading manager of Medical Transportation

Customer Login

User Name will be your email address e.g. John.Doe@Access2care.net

User Name:

Password:

[New User](#) ← Click "New User" if this is your first time to the site.

[Forgot Password](#)

© 2014 Access2Care. All rights reserved. Access2Care is a division of **AMR** [Site Usage Agreement](#)

- Turn off pop-up blocker before you login
- The website works best in Chrome or any browser other than Internet Explorer

Create a New Account

Create New Account Personal Information

First Name:	Last Name:
<input type="text"/>	<input type="text"/>
Email:	Preferred Method of contact:
<input type="text"/>	Primary Phone <input type="text"/>
Phone Number:	Alternate Phone Number:
<input type="text"/>	<input type="text"/>

Security Questions

Security Question 1:	Answer 1:
<input type="text"/>	<input type="text"/>
Security Question 2:	Answer 2:
<input type="text"/>	<input type="text"/>
Security Question 3:	Answer 3:
<input type="text"/>	<input type="text"/>

Members Information

No Members Added

- Fill in all fields
- Choose and answer security questions
- Click 'Add New Member'

Member Information

Security Questions

Security Question 1:
What is the name of your favorite childhood...

Security Question 2:
In which city or town was your first job?

Security Question 3:
What was your favorite pet's name?

Members Information

Add New Member

No Members Added

Submit Cancel

Member Information

Member ID:

Health Plan:

Date Of Birth:

Relationship:

Submit Cancel

© 2014 Access2Care. All rights reserved. Access2Care is a division of **AMR**. [Site Usage Agreement](#)

- Enter your member ID
- For Health Plan, choose 'Oregon'
- Enter your date of birth

- For relationship, choose 'Self-Member'

Submit Request

Create New Account
Personal Information

First Name: Last Name:
Email: Preferred Method of contact:
Phone Number: Alternate Phone Number:

Security Questions

Security Question 1: Answer 1:
Security Question 2: Answer 2:
Security Question 3: Answer 3:

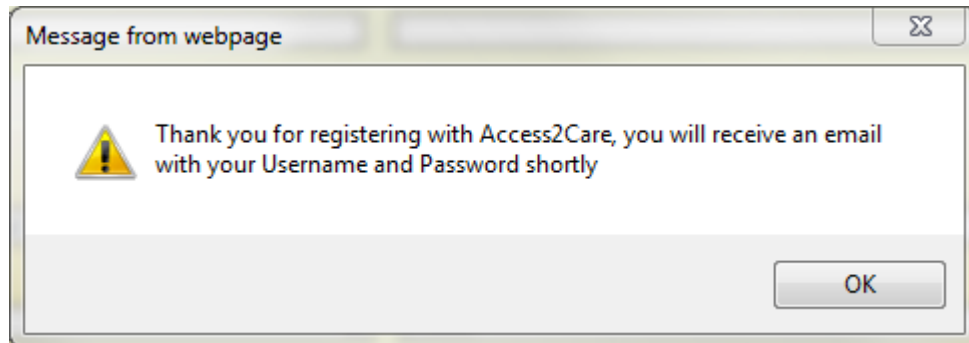
Members Information

Member ID	First Name	Last Name	Health Plan	Date Of Birth	Relation Type	
✓ Your ID	First name	Last Name	Oregon	xx/xx/xxxx	Member	Remove

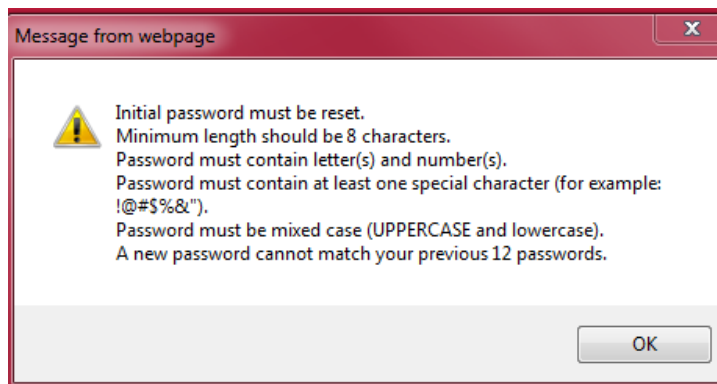
© 2011 Access2Care. All rights reserved. Access2Care is a division of **AMR**. [Site Usage Agreement](#)

- Click 'Submit'

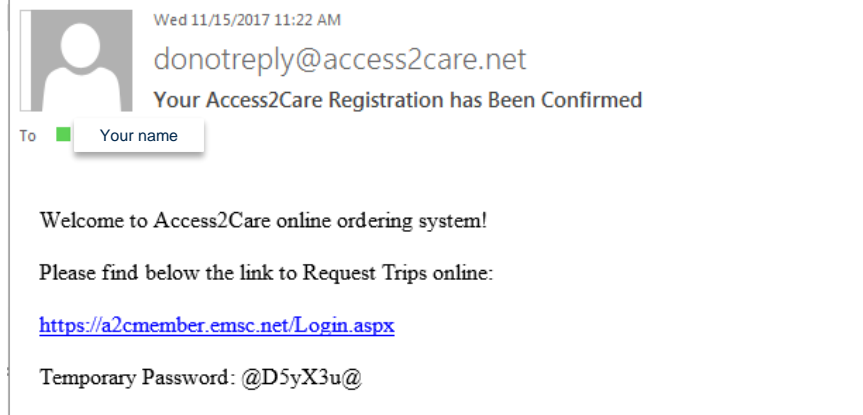
Login and Password Reset



- Click the link in your email
- Sign in using your temporary password
- Change your password



- A pop-up will appear and you will receive an email
- The email has your temporary password
- Your username is your email address










Member Dashboard

You will see
your name
here.

Welcome, Your Name [Logout](#)

Viewing Member Your name

Click
'Request
Trips' to
order a trip



Home Future Trips Past Trips Request Trips Refresh Account Management

Member Dashboard


Future Trips

No Trips Found.

Past Trips

Member Name	Trip Date	Appt Time	Pickup Time	Pickup Location	Destination Location	Transportation Provider	Status
Your Name	3/23/2015	10:30 AM	10:30 AM	1234 SE Example, Gresham	5678 NW Drop Off, Portland	Trust Transportation LLC (OR)	CLEARED

*Please call your Health Plan if you are experiencing trouble with your trips

© 2014 Access2Care. All rights reserved. Access2Care is a division of  Site Usage Agreement

Trip Details

Welcome, [Logout](#)

Home
 Future Trips
 Past Trips
 Request Trips
 Refresh
 Account Management

Viewing Member

Request a Trip

Member Details

ID:

Name:

Address:

PORTLAND, OR - 97233

Member Phone:

Text Enabled Phone:

(Text Messaging Number) ☐ Sign Up for Text Messaging

Email:

If signing up for text messaging, please use a cell number in the Phone Number field.

By selecting this option you:

(1) are subscribing to receive text messages on a mobile number from Access2Care,

(2) acknowledge that you are the member or you have the member's permission.

Message frequency varies by account and preferences. Message & data rates may apply.

Trip Request

Reason for this trip:

Destination Details

- You cannot change the 'Member Details' section. This information comes from your State eligibility file
- The address listed is used for your pick up location.
- If you want to be picked up from somewhere else, please list that address in the "additional information" field at the bottom of the page
 - Shown on slide 9

Trip Details, Cont.

Destination Details

Provider Name: e.g. Dr. Lucas, St. Mary's Hospital


Street Address:

Apt/Unit/Suite:

City:

State:

Zip:

Appointment Date: 

Appointment Time: ☐ AM ☐ PM


Phone:

Is this a round trip? ☒ Yes ☐ No


- Fill out the boxes under 'Destination Details' with the details of where you are going
- If you need a ride to and from your appointment, click 'Yes'
- Please make sure your appointment is at least 2 weekdays from today

Recurring Trip Details

☐ None ☐ Daily ☒ Weekly

Every : 1 

Week(s) on ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat ☐ Sun

End Date: 

Label

- For example, if you have an appointment on Monday, schedule your trip by the Thursday before
- You can schedule recurring trips if you have the same appointment at the same time on different days

Special Needs and Requests

Special Needs

Do you use a wheelchair? ☐ Yes ☒ No

Can you transfer into an auto? ☐ Yes ☐ No

Do you need a ramp? ☐ Yes ☐ No

Do you normally use a wheelchair lift? ☐ Yes ☐ No

Do you use a cane? ☐ Yes ☒ No

Do you use crutches? ☐ Yes ☒ No

Do you use a walker? ☐ Yes ☒ No

Do you need assistance? ☐ Yes ☒ No

Are you pregnant over six months? ☐ Yes ☒ No

Will anybody be accompanying you? ☐ Yes ☒ No

Can you, a friend or a family member
drive you to your appointment? ☐ Yes ☒ No

If yes, please give us their names.

Additional information.

This is where you enter any notes or address you want to be picked up from, if it is different than what shows in the 'Member Details' section. Add your return ride time, the suite number for your doctor's office, if you need oxygen and anything else we should know.

Requestor Type

First Name

Last Name

Phone

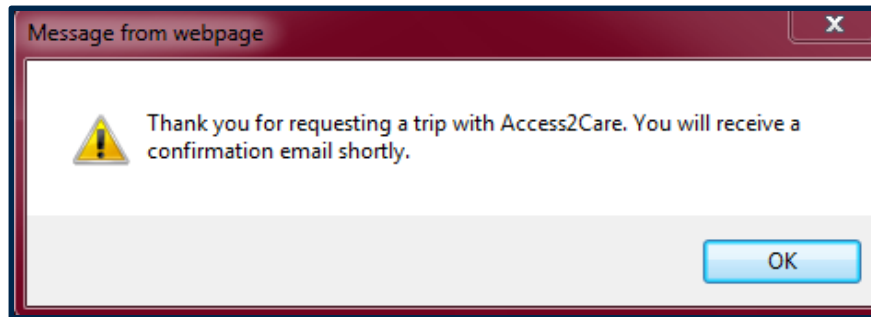
Text Messaging Disabled

Email

- Please answer all questions
- Fill in 'Additional Information'



Confirmation Email



Access2Care Trip Request Confirmation

donotreply@access2care.net

Sent: Wed 9/10/2014 12:27 PM

To: Your name

Your Trip for 9/17/2014 has been successfully submitted. If you have any questions please call Access2Care.

donotreply@access2care.net
Trip Number 12215271

Your Name

Your online request has been successfully submitted. If you have any questions, please call Access2Care. The trip details are:

Member Name Your Name

Appt Date 10:01 AM

Appt Time 7/17/2015

Trip Number 12215271

is unable to receive replies. Please do not reply to this message Access2Care.

Access2Care

Thank you!