

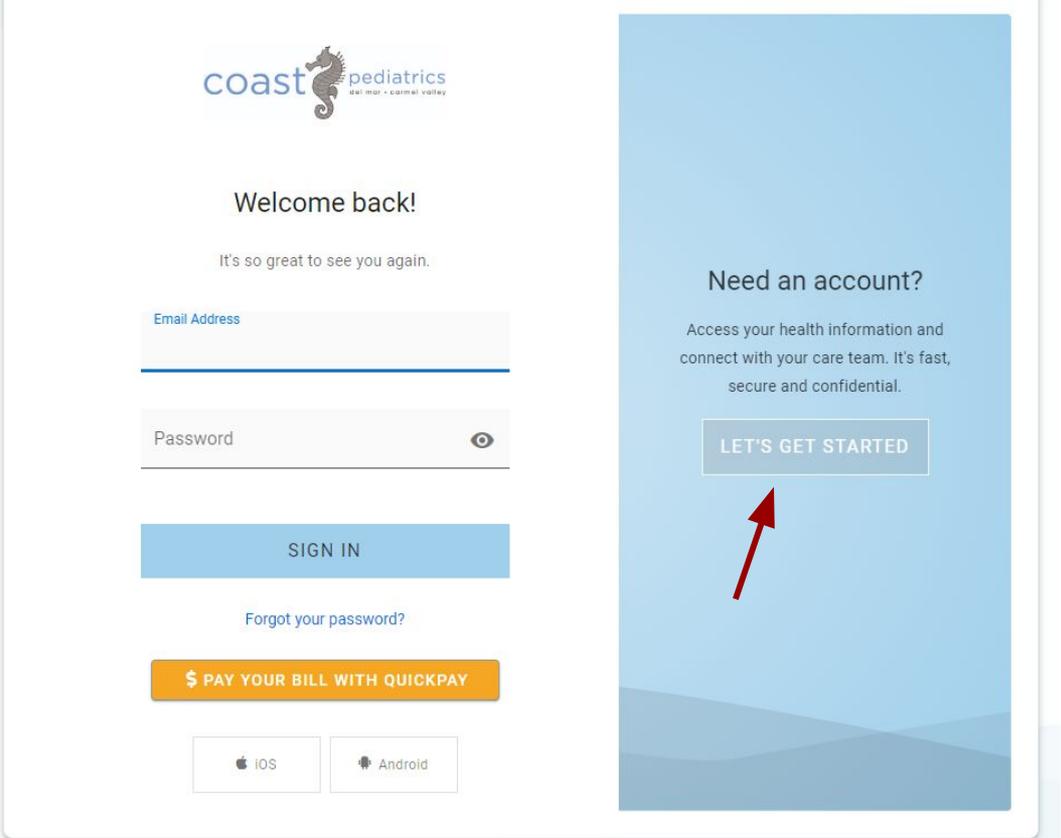


Register with Coast Pediatrics 4S

Click here to begin: <http://login.intelichart.com/mycoast>

5 easy steps to register

STEP 1: Click "Let's Get Started"

A screenshot of the Coast Pediatrics website showing the login and registration options. The left side contains the login form with fields for "Email Address" and "Password", a "SIGN IN" button, a "Forgot your password?" link, a "\$ PAY YOUR BILL WITH QUICKPAY" button, and links for "iOS" and "Android". The right side is a blue vertical panel with the heading "Need an account?", a description of account benefits, and a "LET'S GET STARTED" button. A red arrow points to the "LET'S GET STARTED" button.

coast pediatrics
del mar • carmel valley

Welcome back!

It's so great to see you again.

Email Address

Password

SIGN IN

[Forgot your password?](#)

\$ PAY YOUR BILL WITH QUICKPAY

iOS Android

Need an account?

Access your health information and connect with your care team. It's fast, secure and confidential.

LET'S GET STARTED

STEP 2: *Register your child/dependent.*



Did your provider give you a PIN?

Click "NO"

Who are you registering?

Since you don't have a PIN, some features and information might not show up in your Patient Portal. When your practice authenticates your account, you can then enjoy all the features of the portal including your personal health information.

Make sure to register your child, not yourself!

STEP 3: *Input your child's information*

Child or Dependent

Please provide the following information about the **child or dependent**.

Child or Dependent First Name
Coast

Child or Dependent Middle Name
optional

Child or Dependent Last Name
Seahorse

Child or Dependent Birthday
01/01/2001 
mm/dd/yyyy

Child or Dependent Sex
 Male Female

If you live at the same address, check this box!

For babies not yet born, use the expected due date.

Please provide the child or dependent's address.

Use my address for this child

[+ Add another child or dependent](#)



Click here to register multiple children!



Parent or Guardian

Now that we have your child or dependent information, we will now need some information about the **parent or guardian**.

Parent or Guardian First Name

Parent

Parent or Guardian Middle Name

optional

Parent or Guardian Last Name

Seahorse

Parent or Guardian Birthday

01/01/1971



mm/dd/yyyy

Parent or Guardian Phone Number

(858) 988-7337

(xxx) xxx-xxxx

Parent or Guardian Sex

Male

Female

No Answer

STEP 5: *Finish inputting your information*

Please provide your address.

Address
17085 Camino San Bernardo

Address 2

City
San Diego

State Zip code
CA 92127

For your security, please choose a security question & answer.

Security Question
Where were you born? ▾

Security Answer
San Diego

I have read and agree to the [Terms & Conditions](#).

[BACK](#) [CREATE MY ACCOUNT](#)



Make sure to click here to complete your registration!

We will call you soon to finalize registration, review insurance information, and schedule any appointments that you need

[Click here for more info](#)

Coast Pediatrics 4S

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