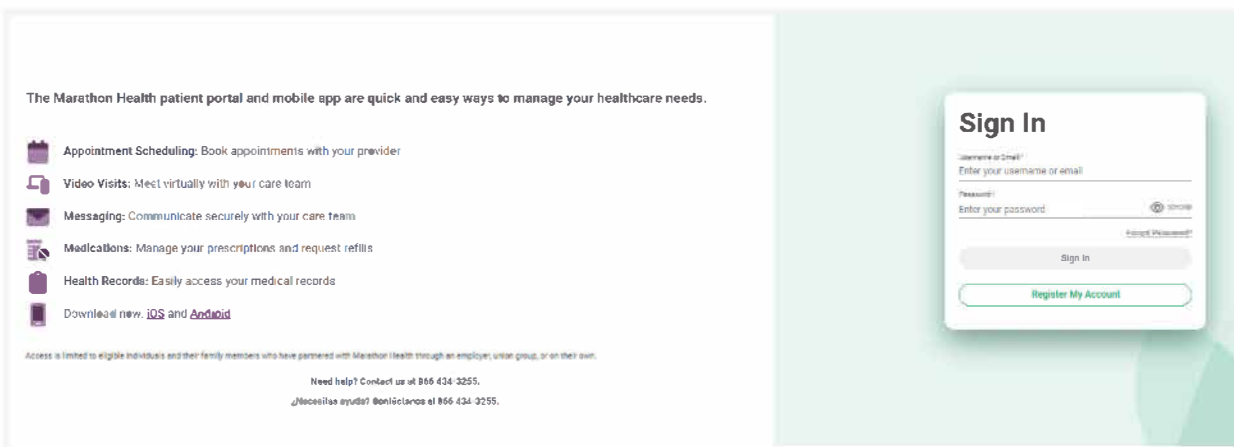




How to register

*A Welcome to Marathon Health email may be sent to you. As this is the easiest way to register, click the link in the email. This will take you directly to Step 6. Alternatively, you can start with Step 1 below.

- 1 Visit the Marathon Health portal at my.marathon.health and click **Register My Account**.



- 2 Fill in the requested information and click **Submit**.*

Welcome to Marathon Health. Register below to get started.

Complete the form below to start your registration with Marathon Health.

After you submit your information, we will review our eligibility records to ensure accuracy and confirm your eligibility.

* Required field

Your Information

First Name *	Last Name *
Email Address *	
Social Security Number / ITIN	Date of Birth *

*Marathon Health is required to verify with your employer that you are eligible to receive the benefit. Marathon Health is required by law to maintain the privacy and security of your protected health information under the Health Insurance Portability and Accountability Act (HIPAA). We will not share any personally identifiable information with your employer.

3

You'll be directed to a confirmation page. Take note of the phone number listed. *No action is needed.* You can close this page.

**Marathon**
Health™

Thank you for starting your registration with Marathon Health.
We are reviewing eligibility records to ensure accuracy and confirm your eligibility.

We will contact you by email within the next 2-3 business days to complete your registration.
If you have any questions, please contact our Patient Support Team at [866-434-3255](tel:866-434-3255).

Already have an account? [Sign in](#)

4

You'll receive a confirmation email once you submit your registration. *No action is needed.*



Jane,

Thank you for starting your registration with Marathon Health.

We are reviewing eligibility records to ensure accuracy, confirm eligibility, and complete your registration. We will contact you by email within the next 2-3 business days to complete your Marathon Health registration.

If you have any questions, please contact a Patient Support Team member at 866-434-3255.

Thank you,

—
The Marathon Health Team
866-434-3255
[Marathon Health Portal](#)

This message is sent to you by Marathon Health, 10 W. Harkins Street, Suite 3000, Indianapolis, IN 46204

5

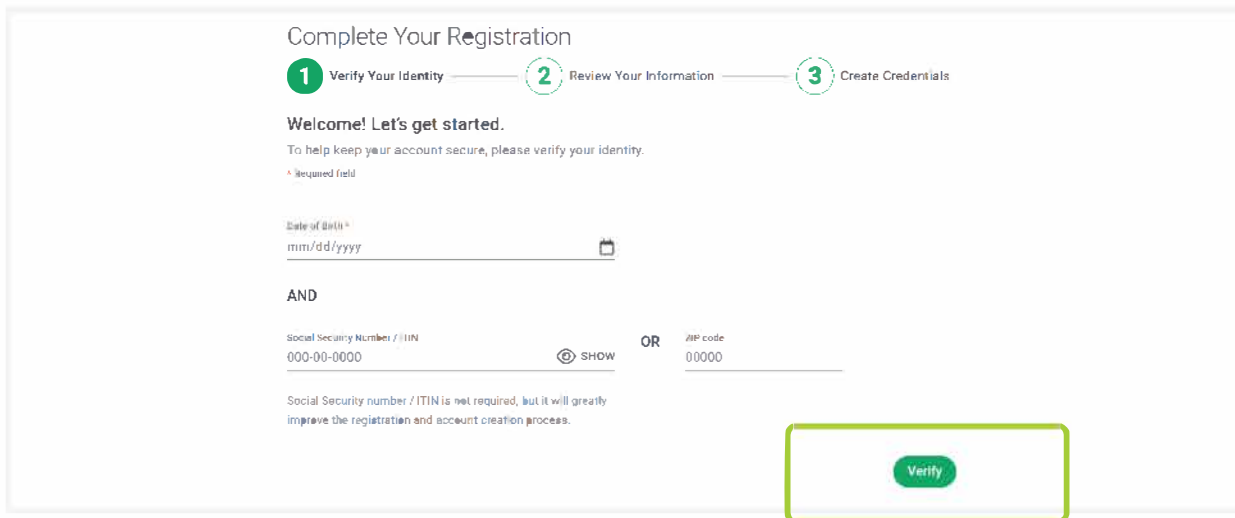
Once your account has been verified (can take 2-3 days), you will receive an email that prompts you to continue registering. **Click Finish Registration.** A window should open in your browser. If it doesn't, right click on the button, copy the link, and paste it in your preferred browser. Or narrow your search by specific providers, health center, location, and more.

JANE, YOUR REGISTRATION IS READY TO BE FINISHED.

Please use the link below to finalize your Marathon Health registration.

FINISH REGISTRATION

- 6** Complete your registration. In step 1, verify your identity by entering your date of birth and either your SSN or zip code. **Click Verify.**



Complete Your Registration

1 Verify Your Identity — 2 Review Your Information — 3 Create Credentials

Welcome! Let's get started.

To help keep your account secure, please verify your identity.

* Required field

Date of Birth *
mm/dd/yyyy

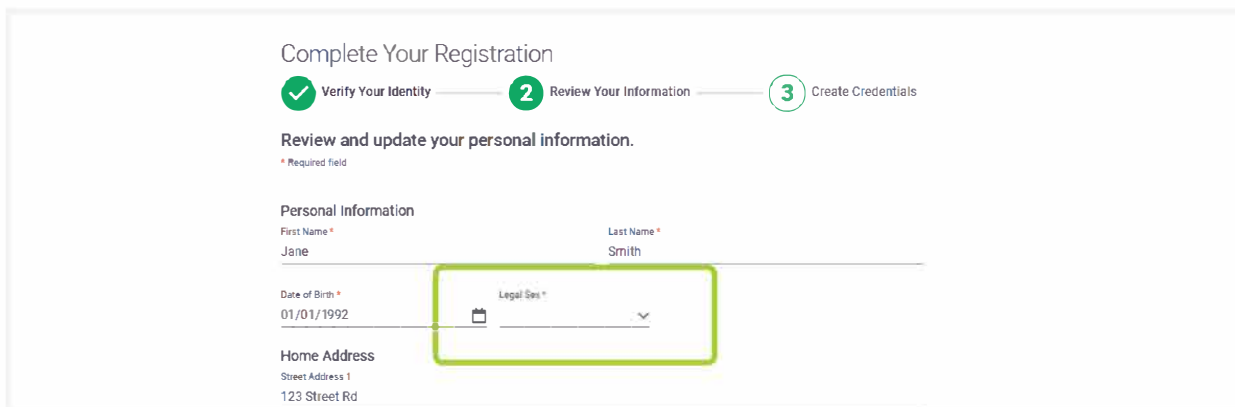
AND

Social Security Number / ITIN
000-00-0000  OR ZIP code
00000

Social Security number / ITIN is not required, but it will greatly improve the registration and account creation process.

Verify

- 7** In step 2, review the auto populated information and fill in your legal sex and primary language. **Click Next.**



Complete Your Registration

✓ 1 Verify Your Identity — 2 Review Your Information — 3 Create Credentials

Review and update your personal information.

* Required field

Personal Information

First Name *
Jane

Last Name *
Smith

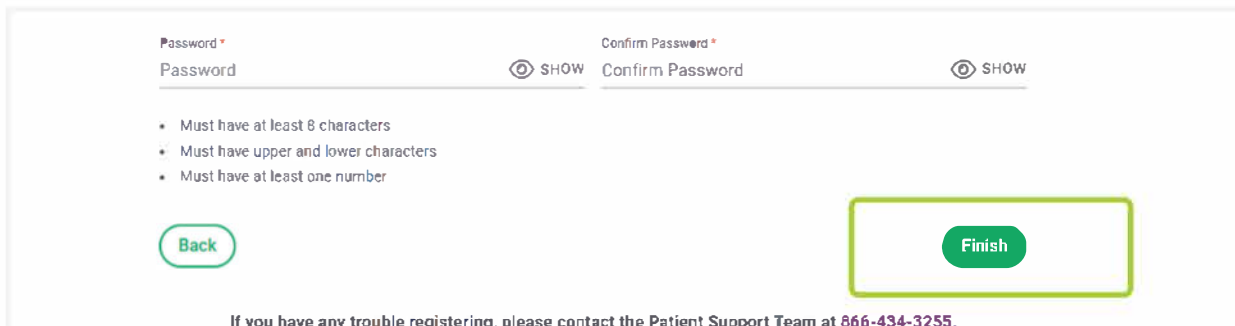
Date of Birth *
01/01/1992

Legal Sex *


Home Address

Street Address 1
123 Street Rd

- 8** In step 3, complete registration by creating a username and password. Store this information in a safe place. Once complete, **click Finish.**



Password *
Password 

Confirm Password *
Confirm Password 

- Must have at least 8 characters
- Must have upper and lower characters
- Must have at least one number

Back **Finish**

If you have any trouble registering, please contact the Patient Support Team at 866-434-3255.

9

You will now be logged into the portal. Review and sign two legal documents: **Consent to Health Services and Notice of Privacy Practices.**

Agreements and Acknowledgments
1 of 2

Consent to Health Services

I hereby consent to and authorize Marathon Health, LLC and/or one of its affiliated entities (each, an "Affiliated Entity" and, together with Marathon Health, LLC referred to as "Marathon"), and their employees or contracted physicians, nurse practitioners, physician assistants, and other healthcare providers to provide healthcare services to me, including all or some of the below listed services:

- I consent to medical care and services, including but not limited to: diagnostic tests, examinations, administration of medication, and other medical procedures which are, in the judgment of a healthcare provider, necessary for the diagnosis and treatment of my illness or condition. I understand that no one connected with Marathon makes, or has made, any guarantee or representation of any kind or nature, express or implied, with respect to the conclusions, decisions, or outcomes of the medical care, services or procedures.
- I consent to clinical laboratory testing ordered by my Marathon healthcare provider. I understand that acknowledgment that charges for laboratory or other diagnostic testing may not be covered under my health insurance.
- I consent to medical services related to clinical laboratory testing ordered by a non-affiliated third party provider ("My Other Provider"). I authorize all clinical laboratory results to be sent to My Other Provider for analysis and for a copy to be sent to Marathon. I understand that the medical services related to clinical laboratory testing provided to me by Marathon are not intended to diagnose illness or replace healthcare provided by My Other Provider, but are offered as a convenience for me to obtain clinical laboratory testing pursuant to My Other Provider's order. I acknowledge that no one connected with Marathon is required to review the clinical laboratory test results, and that it is my sole responsibility to consult with My Other Provider regarding the results of such tests. I hereby release Marathon, its providers, agents, and employees of any responsibility regarding the analysis of the test results or communication of the test results to me or to any other party.
- I consent to health coaching services provided by Marathon and its affiliated health coaches. I understand that the health coaching services and any information provided during such coaching are meant to be educational and are not meant to diagnose illness or replace medical care. I have questions about my results or any information received, it is my responsibility to consult with My Other Provider or other health professional. I understand that health coaching services do not replace individual medical care in any way. I also understand that health coaching services are not mental health services or psychotherapy. If I am in need of mental health services, it is my responsibility to consult with My Other Provider or other health provider in order to determine an appropriate plan of action and/or obtain a referral for services.
- I consent to health care coordination services provided by Marathon. I acknowledge and understand that Marathon partners with other third party health care providers to secure premium access and competitive pricing. Marathon will provide choices in health care providers based on my stated priorities for obtaining healthcare services. I understand and acknowledge that any third party health care providers I select to provide services to me, even if the services are arranged through Marathon, are solely responsible for their own acts and omissions. I further acknowledge that Marathon does not in any manner guarantee the performance or results of any health care services I receive through a third-party provider, nor my satisfaction with the service provider of my choice. I understand that Marathon is not responsible for the provider's service charges and that it is my responsibility to pay for any services provided to me. I also understand I am responsible for understanding my benefits with regards to these third party service providers.

Benefits/Financial Responsibility for Services: I understand that knowledge of eligibility and covered benefits is my responsibility and I will contact my health plan for questions I may have regarding coverage. I understand that I am responsible for any charges not covered by my plan.

Agreements and Acknowledgments
2 of 2

Notice of Privacy Practices

Your Information, Your Rights, Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

10

You will be presented with an option to take a tour of the portal. Choose between a video tour or an interactive guide. We highly recommend this. **Welcome to your Marathon Health portal!**

Send a message

View your health records

Welcome to the Marathon Health Portal

Take a short tour to learn how to navigate the portal and access the available features.

Close

Take Tour

[Watch a video tour instead.](#)

Quick Links

Latest News

Health Care

Providers

Frequent



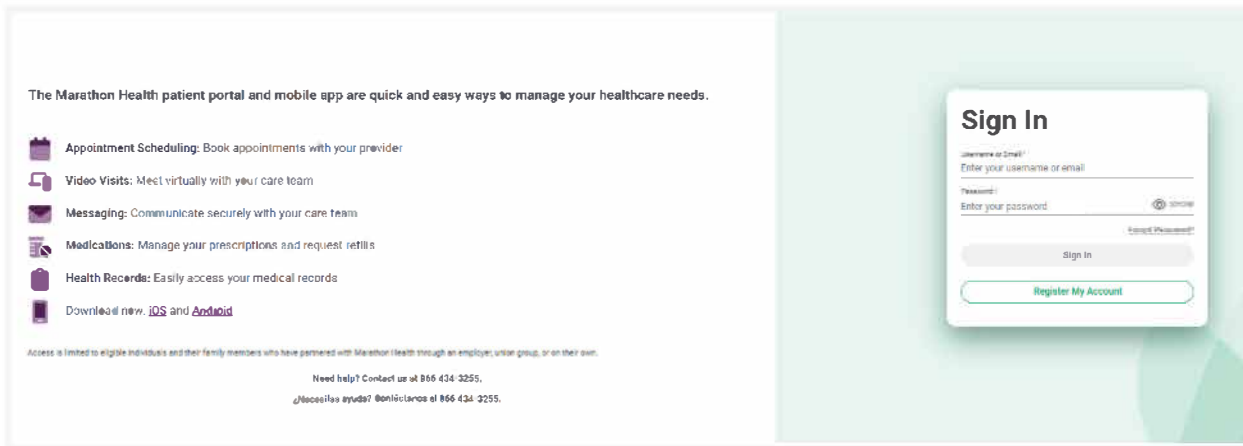
Register today!
Scan the QR code to get started



Cómo registrarte

*Es posible que recibas un correo electrónico de bienvenida de Marathon Health. Esta es la forma más fácil de registrarte: haz clic en el enlace del correo, el cual te llevará directamente al Paso 6. Si no, puedes comenzar con el Paso 1 abajo.

- 1 Visita el portal de Marathon Health en my.marathon.health y haz clic en **Registrar mi cuenta**.



- 2 Llena la información solicitada y haz clic en **Enviar**.*

Welcome to Marathon Health. Register below to get started.
Complete the form below to start your registration with Marathon Health.
After you submit your information, we will review our eligibility records to ensure accuracy and confirm your eligibility.

* Required field

Your Information

First Name *	Last Name *
First Name	Last Name
Email Address *	
Email Address	
Social Security Number / ITIN	Date of Birth *
000-00-0000	mm/dd/yyyy

SHOW

*Marathon Health debe verificar con tu empleador que eres elegible para recibir el beneficio. Además, estamos obligados por ley a proteger tu información médica conforme a la Ley de Portabilidad y Responsabilidad del Seguro Médico (HIPAA). No compartiremos información personal identificable con tu empleador.

3

Serás dirigido a una página de confirmación. Anota el número de teléfono que aparece. **No necesitas hacer nada más.** Puedes cerrar esta página.

**Marathon**
Health™

Thank you for starting your registration with Marathon Health.
We are reviewing eligibility records to ensure accuracy and confirm your eligibility.

We will contact you by email within the next 2-3 business days to complete your registration.
If you have any questions, please contact our Patient Support Team at [866-434-3255](tel:866-434-3255).

Already have an account? [Sign in](#)

4

Recibirás un correo electrónico de confirmación después de enviar tu registro. **No necesitas hacer nada más.**



Jane,

Thank you for starting your registration with Marathon Health

We are reviewing eligibility records to ensure accuracy, confirm eligibility, and complete your registration. We will contact you by email within the next 2-3 business days to complete your Marathon Health registration

If you have any questions, please contact a Patient Support Team member at 866-434-3255

Thank you,

—
The Marathon Health Team
866-434-3255
[Marathon Health Portal](#)

This message is sent to you by Marathon Health, 10 W. Harkins Street, Suite 3000, Indianapolis, IN 46204

5

Una vez que tu cuenta haya sido verificada (esto puede tardar de 2 a 3 días), recibirás un correo que te pedirá continuar con tu registro. **Haz clic en Finalizar registro.** Se debería abrir una ventana en tu navegador. Si no lo hace, da clic derecho en el botón, copia el enlace y pégalo en tu navegador preferido.

JANE, YOUR REGISTRATION IS READY TO BE FINISHED.

Please use the link below to finalize your Marathon Health registration.

FINISH REGISTRATION

- 6** Completa tu registro. En el paso 1, verifica tu identidad ingresando tu fecha de nacimiento y tu código postal o número de seguro social. **Haz clic en Verificar.**

Complete Your Registration

1

Verify Your Identity

2

Review Your Information

3

Create Credentials

Welcome! Let's get started.

To help keep your account secure, please verify your identity.

* Required field

Date of Birth *

mm/dd/yyyy

AND

Social Security Number / ITIN

000-00-0000

OR

ZIP code

00000

Social Security number / ITIN is not required, but it will greatly improve the registration and account creation process.

Verify

- 7** En el paso 2, revisa la información que ya está llenada y completa con tu sexo legal e idioma principal. **Haz clic en Siguiente.**

Complete Your Registration

✓

Verify Your Identity

2

Review Your Information

3

Create Credentials

Review and update your personal information.

* Required field

Personal Information

First Name *

Jane

Last Name *

Smith

Date of Birth *

01/01/1992

Legal Sex *

Home Address

Street Address 1

123 Street Rd

- 8** En el paso 3, crea un nombre de usuario y una contraseña. Guarda esta información en un lugar seguro. Al terminar, **haz clic en Finalizar.**

Password *

Password

Confirm Password *

Confirm Password

Must have at least 8 characters

Must have upper and lower characters

Must have at least one number

Back

Finish

If you have any trouble registering, please contact the Patient Support Team at 866-434-3255.

9 Ahora estarás dentro del portal. Revisa y firma dos documentos legales: el Consentimiento para recibir servicios de salud y el Aviso de prácticas de privacidad.

Agreements and Acknowledgments
Consent to Health Services

I hereby consent to and authorize Marathon Health, LLC and/or one of its affiliated entities[] (each, an "Affiliated Entity") and, together with Marathon Health, LLC (referred to as "Marathon"), and their employees or contracted physicians, nurse practitioners, physician assistants, and other healthcare providers to provide healthcare services to me, including all or some of the below listed services:

- I consent to medical care and services, including but not limited to, diagnostic tests, examinations, administration of medication, and other medical procedures which are, in the judgment of a healthcare provider, necessary for the diagnosis and treatment of my illness or condition. I understand that no one connected with Marathon makes, or has made, any guarantee or representation of any kind or nature, express or implied, with respect to the conclusions, decisions, or outcomes of the medical care services or procedures.
- I consent to clinical laboratory testing ordered by my Marathon healthcare provider. I understand that acknowledgment that charges for laboratory or other diagnostic testing may not be covered under my health insurance.
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- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say "no" if it would affect your care.
 - If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

10 Se te ofrecerá un recorrido por el portal. Puedes elegir entre un video o una guía interactiva. Te recomendamos mucho hacerlo. ¡Bienvenido(a) al portal de salud de Marathon Health!

Send a message | View your health records

Welcome to the Marathon Health Portal

Take a short tour to learn how to navigate the portal and access the available features.

Close | Take Tour

[Watch a video tour instead.](#)

Quick Links

Latest News

Health Care

Providers

Frequent



¡Regístrese hoy!
Escanea el código QR para comenzar