

RCBC PATIENT PORTAL INSTRUCTIONS

<https://rcbclinic.portalforpatients.com/portal/default.aspx>

STEP #1: Go to <https://rcbclinic.portalforpatients.com/portal/default.aspx>

STEP #2: Click REGISTER



Log In | Register



Robert C. Byrd Clinic

Quality Healthcare... Close to Home

400 N. Jefferson Street - Lewisburg, WV | 1.800.870.5822 / 304.645.3220

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Patient Portal Help

Health Services Practice Portal

STEP #3: In order to proceed in the registration process select "I accept" on the Registration Consent Form Page

Registration Consent Form

OUR COMPANY AND ITS AFFILIATES, SUPPLIERS, AND OTHER THIRD PARTIES MENTIONED ON THIS SITE ARE NEITHER RESPONSIBLE NOR LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, CONSEQUENTIAL, SPECIAL, EXEMPLARY, PUNITIVE, OR OTHER DAMAGES (INCLUDING, WITHOUT LIMITATION, THOSE RESULTING FROM LOST PROFITS, LOST DATA, OR BUSINESS INTERRUPTION) ARISING OUT OF OR RELATING IN ANY WAY TO THE SITE, SITE-RELATED SERVICES AND PRODUCTS, CONTENT OR INFORMATION CONTAINED WITHIN THE "SITE," AND/OR ANY HYPERLINKED WEB SITE, WHETHER BASED ON WARRANTY, CONTRACT, TORT, OR ANY OTHER LEGAL THEORY AND WHETHER OR NOT ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. YOUR SOLE REMEDY FOR DISSATISFACTION WITH THE SITE, SITE-RELATED SERVICES, AND/OR HYPERLINKED WEB SITES IS TO STOP USING THE SITE AND/OR THOSE SERVICES. APPLICABLE LAW MAY NOT ALLOW THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO THE ABOVE LIMITATION OR EXCLUSION MAY NOT APPLY TO YOU.

I accept

I do NOT accept

STEP #4: Create New Account

Create a New Account

In order to make full use of our online services, you will need to create an account and verify that you are registered with the clinic, or request to become a new patient.

Please use the form below to create your account. Once your account is created, you will proceed to the verification process.

Account Information

* First Name:

* Last Name:

* E-mail Address:

* Re-enter E-mail Address:

Use Alternate E-mail for Notifications:

Receive Newsletter

Log In Information

* User ID:

* New password:

* Re-enter password:

Password Recovery

Question #1: What is your mother's maiden name?

* Answer #1:

Question #2: What is your favorite pet's name?

* Answer #2:

In Step #4, you will be asked to create a user name and password for your Patient Portal account. These will be unique to you and will be used each time you log in to your portal account. Please answer the Security Questions to assist in Password Recovery. After completing the items marked with a red asterisk click the Save button.

STEP #5: Patient Verification

If you are an existing patient please check the first option.
If you are a new patient you will select the second option.

Patient Verification

The webpage you are trying to access contains personal health information and is restricted.

In order to access restricted parts of the website, you will need to provide us some additional information so that we can verify your identity.

Please answer the following question:

- I have an appointment or have been seen here by a physician before.
- I have not been seen here before.
- I do not wish to verify my identity right now, please take me back to the homepage.

If you don't want to verify your identity right now, you can return to this page by clicking the "Verify My Identity" link near the top of the screen, or by visiting a page that contains restricted content.

Next >

STEP #6: Validate Identity

To complete registration you will need your Pin number. This Pin number is generated by Robert C. Byrd Clinic and is included on the attached letter.

Validate Identity

To protect your privacy, we need to verify your identity by matching your personal information with the information stored in our records.

Disclaimer

The information on this Web site is provided as a service by our clinic. While we try to keep the information as accurate as possible, we disclaim any implied or stated warranty or representation about its accuracy, completeness, content or appropriateness for a particular purpose.

Verify Identity

* PIN:

* First Name:

* Last Name:

* Birth date:

Verify

Please Note: If you do not have a Pin number you can contact us at (304) 645-3220 or click "Request Your Pin Number"

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