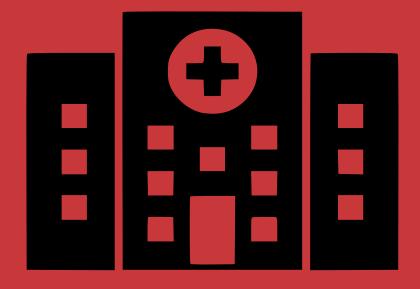


# WellCare Hospital



Sign Up

Login











# **Search Doctors**

**Example Text for displaying information** 



**Next** 











# **Search prescription**

**Example Text for displaying information** 



**Next** 







# Login

Username	
Movin	
Password	
******	

Forgot Password?

# Login

# Don't Have An Account? Sign Up













# Sign In

Username	
Movin	<b>~</b>
Email	
Movin@gmail.com	
Password	
******	
Confirm Password	
*****	<b>3</b>

# Sign Up

# **Already Have An Account? Login**















### **Forgot Password**

Enter Email Id \_\_\_\_\_

Movin@gmail.com



A Link Will Be Sent To Your Email Id To Create New Password

Send

7	1	1
/	4	-









# **Forgot Password**

*****	
Confirm password	
Enter New Password	

Password Has Been Successfully Changed

# **Change Password**









Your Password Has Been Reset. Click On Login To Continue

Login

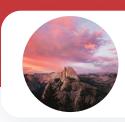






# My Profile





# Movin Reddy Movin@gmail.com



Appointment History	>
Payment Methods	>
Sign Out	>









#### **Edit Profile**



Username \_\_\_\_\_

Movin



Email \_\_\_\_\_

Movin@gmail.com



Location

India



## **Update Profile**



#### <

### **Appointment History**



Name: Dr Moulali

Qualification: ENT, MBBS

Appointment Date: 01/01/2025 Appointment Time : 5:00pm



Name: Dr Chandra Shekhar

Qualification: Gynecologist, MBBS Appointment Date: 28/01/2025 Appointment Time: 4:00pm



Name: Dr Indrannel

Qualification : Oncologist, MBBS Appointment Date: 17/04/2024 Appointment Time : 5:00pm

#### **Back Home**









## **Payment Methods**

**Credit Cards/Debit Cards** 

Add  $\oplus$ 



1234 5678 9521 0000

Movin Reddy

Platinum Card

Exp. End 12/27

>

4321 5 Moulal Platinu

**G** Pay

PhonePe

**Paytm** 

Pay by any UPI App

**Net Banking** 

Pay Amount: XXXX









#### **Add New Card**

#### **Credit Cards/Debit Cards**

1234 5678 9521 0000

Movin Reddy

Platinum Card

Exp. End 12/27

Card Holder Name

Movin Reddy

Card Number

1234 5678 9521 0000

Card Expiry Number

12/27

CVV

\*\*\*

**Add Card** 







#### <

### **Appointment History**



Name: Dr Moulali

Qualification: ENT, MBBS

Appointment Date: 01/01/2025 Appointment Time : 5:00pm

## **Payment Successful**

#### **Back Home**