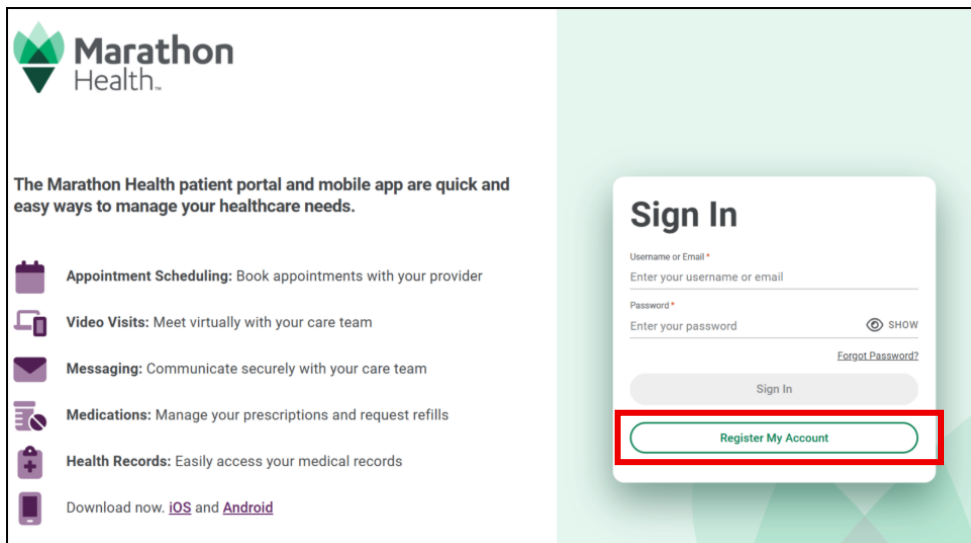


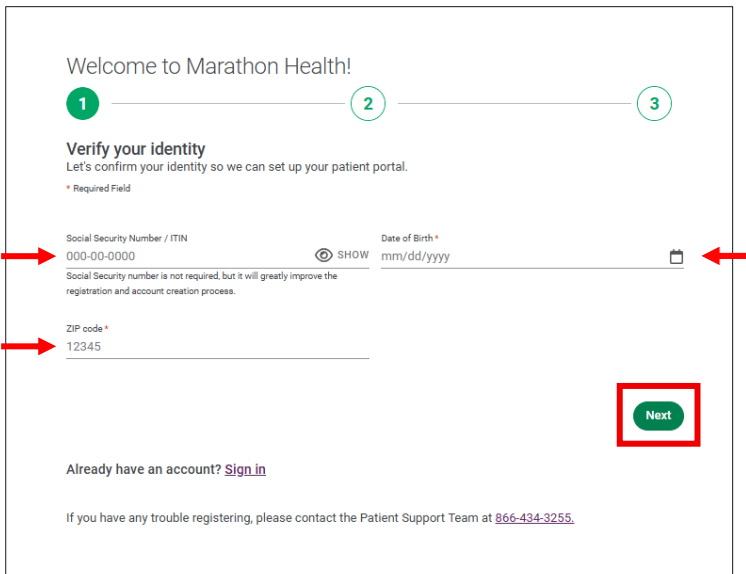
How to register guide

Begin Registration

1. Visit the Marathon Health portal at my.marathon.health
2. Click **Register My Account**.



3. Enter **Social Security Number, Date of Birth, and Zip Code**.
 - a. Entering SSN will greatly improve account registration process
4. Click **Next**.



The screenshot shows the 'Verify your identity' step of the registration process. It features a progress indicator with three steps, where step 1 is active. The form includes fields for 'Social Security Number / ITIN' (with a 'SHOW' button), 'Date of Birth' (with a 'SHOW' button), and 'ZIP code'. A 'Next' button is highlighted with a red box. Red arrows point to the SSN and ZIP code fields.



Match Found

If your information matches an existing record:

1. Confirm your **primary email**, enter your **phone number**, and select your **primary language**.
2. Click **Next**.

Complete Your Registration

1 2 3

Review your information
Make sure everything looks right and add anything that's missing
* Required Field

Personal Information
Legal Name
Test Testpatient
Date of Birth
January 01, 2000
Legal Sex
Male
If the above information is incorrect, please contact the Patient Support Team at [866-434-3255](tel:866-434-3255).

Contact Information
Primary Email *
test@marathon.health
Phone Number(s) *
Mobile Phone Number Home Phone Number
Mobile Phone Number Home Phone Number

Additional Information
Primary Language *
Other - Language not Listed

[Back](#) [Next](#)

If you have any trouble registering, please contact the Patient Support Team at [866-434-3255](tel:866-434-3255).

3. Confirm your **Username and create a Password**
4. Click **Finish**.



Complete Your Registration

1 2 3

Finish creating your account
Your credentials may also be used to access your account in the Marathon Health app.

* Required Field

Username *
testpatient123

Password * Password SHOW Confirm Password * Confirm Password SHOW

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

If you have any trouble registering, please contact the Patient Support Team at [866-434-3255](tel:866-434-3255).

If matched, you may skip ahead to the **Medical Consent and Privacy Policy section*

No Match Found

If your information does not match an existing record:

1. Complete the registration form with **Name, Email, Phone Number, and Address.**
2. Click **Next.**

Welcome to Marathon Health!

1 2 3

Enter your information
We couldn't find a match in our system, so we'll need a few details to get you started.

* Required Field

First Name * Last Name *
First Name Last Name

Contact Information
Email *
Email

Phone Numbers *
Cell Phone Number Home Phone Number
Cell Phone Number Home Phone Number

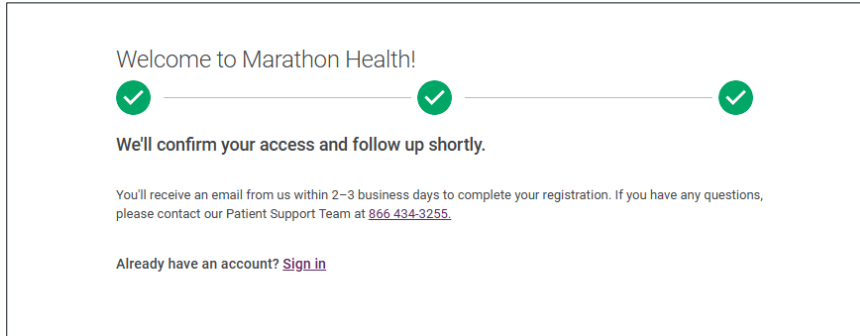
Home Address
Street Address 1 *
Street Address 1
Street Address 2
Street Address 2
City * State * ZIP code *
City 12345

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

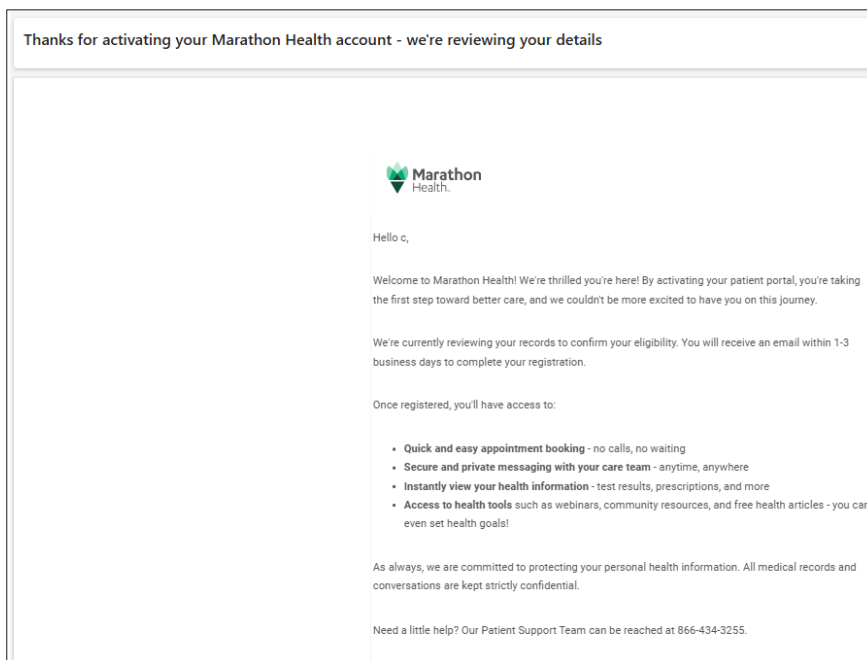
If you have any trouble registering, please contact the Patient Support Team at [866-434-3255](tel:866-434-3255).



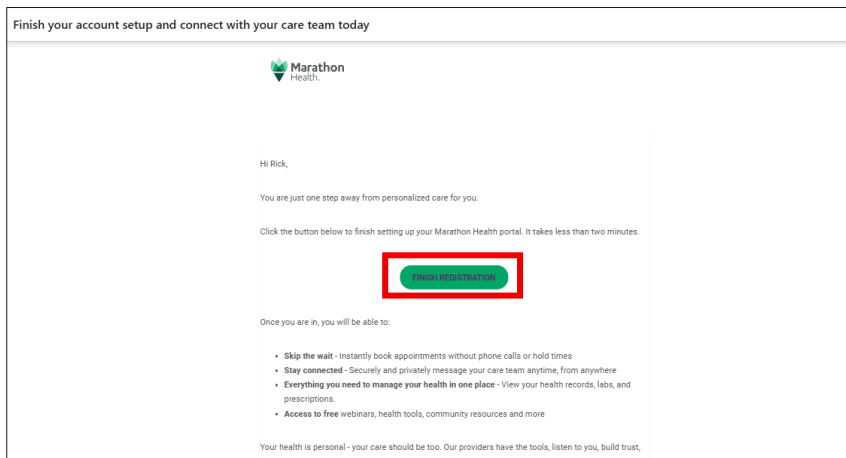
3. You'll be directed to a confirmation page. **No action is needed** – you can close this page.



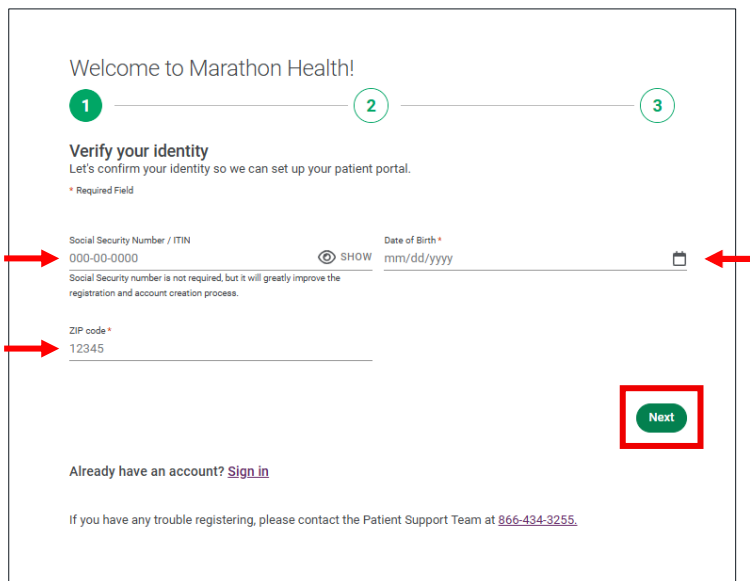
4. You'll receive a confirmation email. **No action is needed.**



5. Once your account has been verified (typically within 2-3 days), you will receive an email to continue.
6. Click **Finish Registration** from the email.



7. Verify your identity by entering your **Date of Birth** and either your **Social Security Number** or **ZIP code**.
8. Click **Next**.



9. Confirm your **primary email**, enter your **phone number**, and select your **primary language**.
10. Click **Next**.



Complete Your Registration

1 2 3

Review your information
Make sure everything looks right and add anything that's missing
* Required Field

Personal Information
Legal Name
Test Testpatient
Date of Birth
January 01, 2000
Legal Sex
Male
If the above information is incorrect, please contact the Patient Support Team at [866-434-3255](tel:866-434-3255).

Contact Information
Primary Email *
test@marathon.health
Phone Number(s) *
Mobile Phone Number Home Phone Number
Mobile Phone Number Home Phone Number

Additional Information
Primary Language *
Other - Language not Listed

Back Next

If you have any trouble registering, please contact the Patient Support Team at [866-434-3255](tel:866-434-3255).

11. Confirm your Username and enter password
12. Click Finish

Complete Your Registration

1 2 3

Finish creating your account
Your credentials may also be used to access your account in the Marathon Health app.
* Required Field

Username *
testpatient123
Password * Password SHOW **Confirm Password *** Confirm Password SHOW

- 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](tel:866-434-3255).



Medical Consent and Privacy Policy

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

Welcome to your Marathon Health portal!



Register today!
Scan the QR code to get started