

<p><b>Multimedia</b></p> <p>Documents</p> <p>Photos</p> <p>Finger Prints</p> <p><b>Print</b></p> <p><b>User Guide</b></p> <p><b>Exit</b></p> <p><a href="#">Home</a>   <a href="#">Help</a>   <a href="#">WebSite</a></p> <p><input type="checkbox"/> Use password</p> <p><input type="text"/></p> <p><input type="button" value="Apply"/></p>	Contact Name	Email Address
	Phone	Fax
	Identification Group Number	Member (ID) Number
	Primary Insured's Name	Social Security Number
	Web Address / URL	Emergency Phone Number (After Hours)
<p><b>Additional Documents</b>    Doc1_InsuranceCard.jpg  </p>		
<p>Password</p> <p><input type="text"/></p> <p>Other</p> <p><input type="text"/></p>		
<p>Please ensure the accuracy of ALL information on your forms, as HealthCare Everywhere spelled, or inaccurate information.</p>		

Slide 1  
Text Captions: Enter a Password for the page

<p><b>Multimedia</b></p> <p>Documents</p> <p>Photos</p> <p>Finger Prints</p> <p><b>Print</b></p> <p><b>User Guide</b></p> <p><b>Exit</b></p> <p><a href="#">Home</a>   <a href="#">Help</a>   <a href="#">WebSite</a></p> <p><input type="checkbox"/> Use password</p> <p><input type="text"/></p> <p><input type="button" value="Apply"/></p>	<p>Contact Name</p> <input type="text"/>	<p>Email Address</p> <input type="text"/>
	<p>Phone</p> <input type="text"/>	<p>Fax</p> <input type="text"/>
	<p>Identification Group Number</p> <input type="text"/>	<p>Member (ID) Number</p> <input type="text"/>
	<p>Primary Insured's Name</p> <input type="text"/>	<p>Social Security Number</p> <input type="text"/>
	<p>Web Address / URL</p> <input type="text"/>	<p>Emergency Phone Number (After Hours)</p> <input type="text"/>
<p><b>Additional Documents</b>    Doc1_InsuranceCard.jpg  </p>		
<p>Password</p> <input type="text"/>		
<p>Other</p> <input type="text"/>		
<p>Please ensure the accuracy of ALL information on your forms, as HealthCare Everywhere spelled, or inaccurate information.</p>		

Slide 2

Text Captions: Navigate away from the protected page



Slide 3

Text Captions: Returning to a Password protected form will display the following message



Multimedia

Documents

Photos

Finger Prints

Print

User Guide

Exit

[Home](#) | [Help](#) | [WebSite](#)

Use password

Apply

This form is password protected

Please ensure the accuracy of ALL information on your forms, as HealthCare Everywhere spelled, or inaccurate information.

Slide 4

Text Captions: Select Use password

The screenshot shows a software interface with a sidebar on the left and a main content area on the right. The sidebar contains several menu items, each with a question mark icon: "Multimedia" (highlighted in light green), "Documents" (containing sub-items "Photos" and "Finger Prints"), "Print", "User Guide", and "Exit". Below the sidebar are links for "Home", "Help", and "WebSite". At the bottom of the sidebar is a checkbox labeled "Use password" which is checked. To the right of the sidebar is a large white area containing the red text "This form is password protected". At the bottom of the interface, there is a text box, an "Apply" button, and a disclaimer: "Please ensure the accuracy of ALL information on your forms, as HealthCare Everywhere spelled, or inaccurate information."

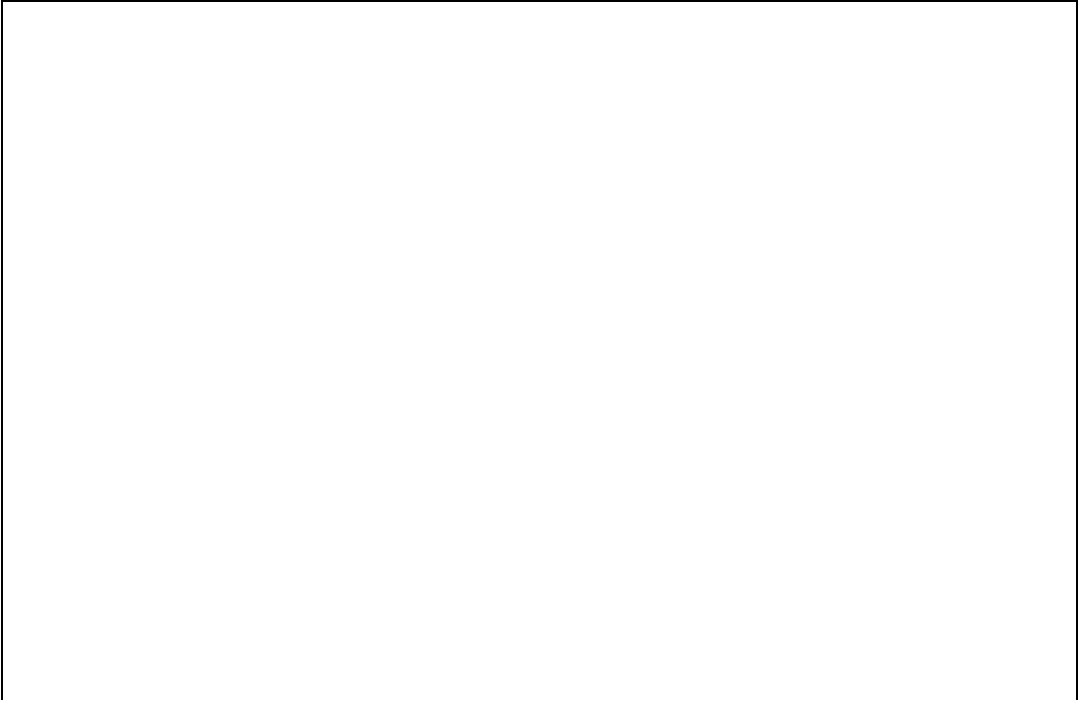
Slide 5

Text Captions: Then type your password, and click apply

<p><b>Multimedia</b></p> <p>Documents</p> <p>Photos</p> <p>Finger Prints</p> <p><b>Print</b></p> <p><b>User Guide</b></p> <p><b>Exit</b></p> <p><a href="#">Home</a>   <a href="#">Help</a>   <a href="#">WebSite</a></p> <p><input checked="" type="checkbox"/> Use password</p> <p>**** <input type="button" value="Apply"/></p>	<p>Contact Name</p> <input type="text"/>	<p>Email Address</p> <input type="text"/>
	<p>Phone</p> <input type="text"/>	<p>Fax</p> <input type="text"/>
	<p>Identification Group Number</p> <input type="text"/>	<p>Member (ID) Number</p> <input type="text"/>
	<p>Primary Insured's Name</p> <input type="text"/>	<p>Social Security Number</p> <input type="text"/>
	<p>Web Address / URL</p> <input type="text"/>	<p>Emergency Phone Number (After Hours)</p> <input type="text"/>
<p><b>Additional Documents</b>    Doc1_InsuranceCard.jpg  </p>		
<p>Password</p> <p>**** <input type="text"/></p>		
<p>Other</p> <input type="text"/>		
<p>Please ensure the accuracy of ALL information on your forms, as HealthCare Everywhere spelled, or inaccurate information.</p>		

Slide 6

Text Captions: Your form is now visible to make updates, print and view the current data



Slide 7