

# PathGroup Patient Portal Sign Up Instructions

Physician Centered. Patient Focused.

## Step 1

Go to <https://pathgroup.luminatehealth.com/>  
And click the SIGN UP button

The recent surge in demand for COVID-19 testing experienced across the country is also impacting PathGroup. We are currently experiencing high volumes of COVID-19 orders which may extend turnaround time to 3-5 days. After signing up for a MyResults account, you will receive an email when your results are ready to view in the portal. Thank you for your patience as we work diligently to expand capacity to accommodate this demand and reduce turnaround time.

**LOGIN**

Username  
Enter your username

Password  
Enter your password  
 Show password  
[Forgot your password?](#) [Forgot your username?](#)

**LOGIN**

**SIGN UP**

Sign up to create your account here.

**SIGN UP**

PathGroup Pay My Bill

## Step 2

Enter your first name, last name, date of birth, email address, username, password, agree to the Terms of Service, and click the SIGN UP button

**SIGN UP**

**First Name**  
(Please enter the name you use for medical records)  
Enter your first name

**Middle Name (Optional)**  
Enter your middle ini

**Last Name**  
Enter your last name

**Date of Birth (MM / DD / YYYY)**  
MM / DD / YYYY

**Email Address**  
Enter your email address

**Choose a User Name**  
 Use email address for user name (recommended)  
Enter a user name

**Create a Password (minimum 8 characters)**  
Enter a password

**Confirm Your Password**  
Enter your password again

I agree to the [Terms of Service](#).

**SIGN UP**

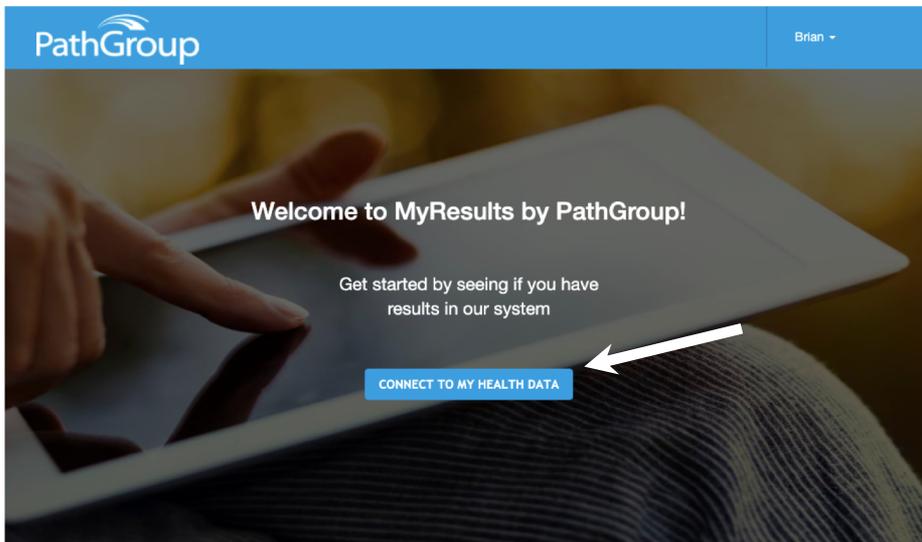
If you already have an account, please [sign in](#) here. Need help signing up or logging in? [Contact Us!](#)

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## Step 3

Once in your account click on the CONNECT TO MY HEALTH DATA button



## Step 4

Enter your date of service, last 4 of your SSN\*, phone # and address, and click the NEXT button, and we will attempt to connect you to your lab results

**Date of Service**  
A date of service is any date in the past where you had a sample taken (blood, urine, pap, or medical procedure).  
December 7 2017

**What are the last four digits of your SSN?**  
Enter last four digits of SSN

**What is your phone number?**  
Cell phone (preferred)  
Enter phone number

**What is your address?**  
Enter street address  
Enter city  
Select  
Enter Zip Code

**NEXT**

\*Last 4 of SSN is not required