

	SYRACUSE	ALBANY	ROCHESTER	BUFFALO	ATLANTA	MONTREAL	
Patient Name:			II	D #:	DOB:	Age:	
Partner Name:			Π	D #:	DOB:	Age:	

How to Upload a Document in the CNY Patient Portal

To upload a document to your patient portal it must first be scanned into your computer as a pdf file.

1. From the home page of your patient portal click on "Documents"



2. Click on Patient Uploads





	SYRACUSE	ALBANY	ROCHESTER	BUFFALO	ATLANTA	MONTREAL	
Patient Name	e:		Ι	D #:	DOB:	Age:	
Partner Nam	e:		Ι	D #:	DOB:	Age:	

3. Click on "Please click here to upload pdf files





	SYRACUSE	ALBANY	ROCHESTER	BUFFALO	ATLANTA	MONTREAL	
Patient Name:	:		Ι	D #:	DOB:	Age:	
Partner Name	:		Ι	D #:	DOB:	Age:	

- 4. Click on
 - \rightarrow Choose File
 - \rightarrow Click on area you scanned file into
 - \rightarrow Click on file to to be uploaded
 - \rightarrow Click Open





	SYRACUSE	ALBANY	ROCHESTER	BUFFALO	ATLANTA	MONTREAL
Patient Name	:		Ι	D #:	DOB:	Age:
Partner Name	:		Ι	D #:	DOB:	Age:

5. Name your document and click upload





	SYRACUSE	ALBANY	ROCHESTER	BUFFALO	ATLANTA	MONTREAL	
Patient Name	:		I	D #:	DOB:	Age:	
Partner Name	e:		Ι	D #:	DOB:	Age:	

6. The system will now confirm your document has been uploaded





	SYRACUSE	ALBANY	ROCHESTER	BUFFALO	ATLANTA	MONTREAL	
Patient Name	:		Ι	D #:	DOB:	Age:	
Partner Name	:		Γ	D #:	DOB:	Age:	

Uploading a Photo and Drivers License

We ask that you upload one identifiable photo of yourself into your Patient Portal. This photo should not include any other individuals and should not be a photo taken from a social media app, such as Snapchat.

We also ask that you upload a copy of your driver's license and your insurance card. Before uploading these documents they must first be scanned into your computer.

1. From the home page of your patient portal click on "Profile"





	SYRACUSE	ALBANY	ROCHESTER	BUFFALO	ATLANTA	MONTREAL	
Patient Name	::		Ι	D #:	DOB:	Age:	
Partner Name	2:		Ι	D #:	DOB:	Age:	

2. Click on Update Photo or Update Driver License and follow instructions





	SYRACUSE	ALBANY	ROCHESTER	BUFFALO	ATLANTA	MONTREAL	
Patient Name:	:		Ι	D #:	DOB:	Age:	
Partner Name	:		Ι	D #:	DOB:	Age:	

Uploading Insurance Card

1. From your Profile click on Insurance then click on the name of the insurance carrier listed.





SY	RACUSE	ALBANY	ROCHESTER	BUFFALO	ATLANT	A MONTI	REAL
Patient Name:				ID #:	DOB:		Age:
Partner Name:				ID #:	DOB:		Age:
						Profile F	AQ Log Out
() e	Patient Portal			CNY	Fertility Center	Welcomes Porto Display my infor Available	al Test mation 2 Donor
G Select La	nguage 🔻				(÷	Preferred	Pharmacies
Home Lab	Results	Flowsheet	History (**)	Prescription	s Doc	cuments (3)	Messages
Demographics Insurance Clinicians Change Passw Update Photo Update Driver I Update Securit Update / Revie	ord License y Question w Referral So	urce				8	Tuesday March 20
Gener	al			Informatio	on		
Insuranc	e Carrier:	independe	ent person:	Coverage:	F	Primary	
Insurnac	e Plan:	elVFSelf		Copay Amo	ount:	0.00	
Policy N	umber:			Group ID:		GRP57585	
Start Dat	e:	8/6/2015					
Referral Auth	norization						
Referral No	Reason	Authorize No	Authorize By	Start Date	End Date	Visit Allow	Balance Exist
		Uple	oad Insurance (Card			
			Insurance	Card Images			
	Front:			Back:			
	Choo	se File No file	chosen	Choose File	No file chosen		
			S	ubmit			

* Only image file will be accepted, ex; jpg, png, and gif