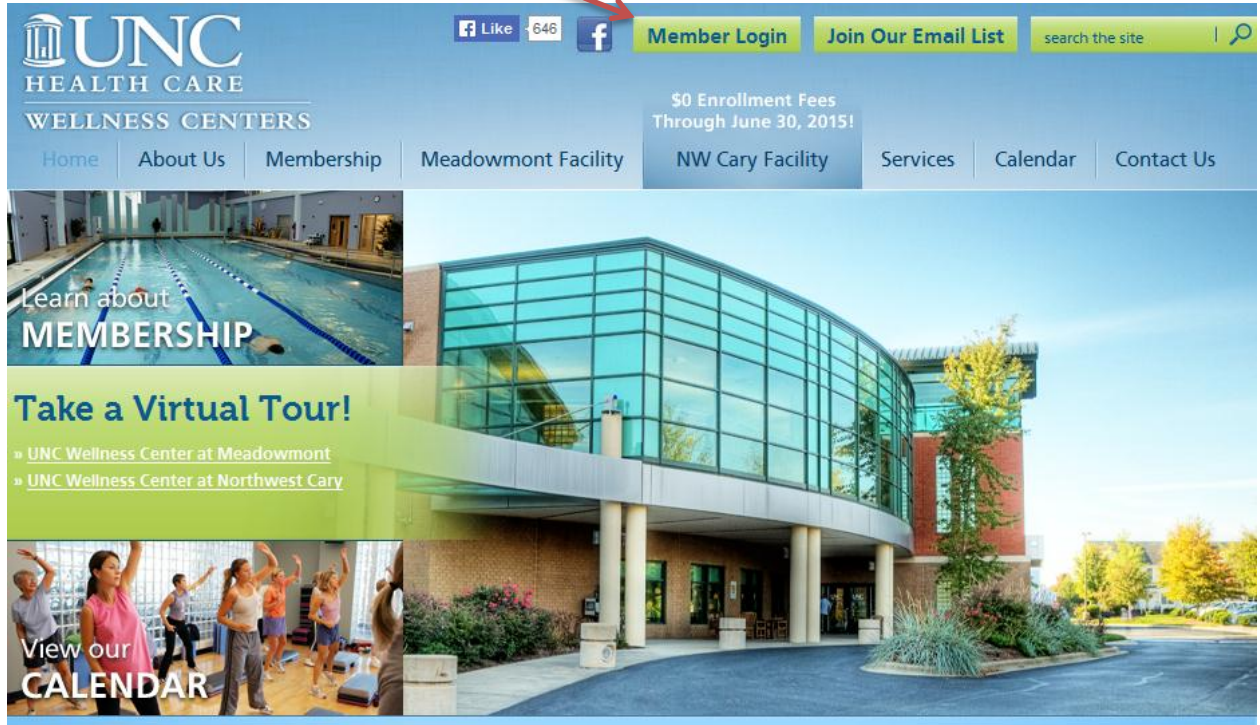


# Online Services Guide

- 1) Go to [www.uncwellness.com](http://www.uncwellness.com) and click the Member Login button at the top of the page.



- 2) Enter Username and Password to access Online Services.  
**\*NOTE:** Only active members can create an online account. You can use the same credentials if you are rejoining the facility.\*

UNC Wellness Centers

**ONLINE SERVICES WEB PORTAL**

Username

Password

[Forgot your username/password? Click here.](#)  
[New user? Click here.](#)

LOGIN

Click button below to enroll today!

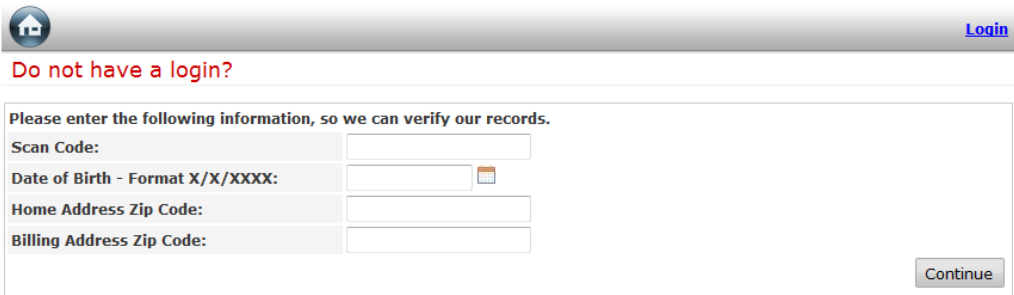
**Join UNC Wellness Centers**

Two Convenient Locations

Click the "New User" link if this is your first time using the Online Services Web Portal.

- 3) Fill in your Scan Code, Date of Birth, Home Address Zip Code and Billing Address Zip Code.  
\*NOTE: This is only necessary during your first time using the Online Services Web Portal\*

The scan code number is located on the back of your membership ID tag. This ID tag is obtained during your first visit at the facility.



Do not have a login?

Please enter the following information, so we can verify our records.

Scan Code:

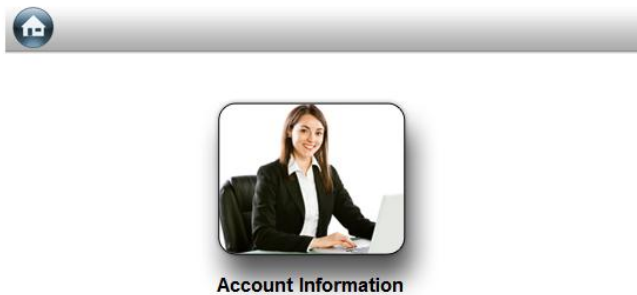
Date of Birth - Format X/X/XXXX:

Home Address Zip Code:

Billing Address Zip Code:

Continue

- 4) The home page will have an account information tab.



- 5) Account Information:  
This will give you the opportunity to view account information (A), update billing information (B), change contact information (C), change password (D), view attendance reports (E), or view your billing statements



A. Account Summary:

This feature will allow you to update your contact information. **\*NOTE:** This is the only screen that will allow you to update related members information. Only the main members credentials can update sub-members.\*

Click the "Update" link to edit the main members personal information.

Click the related member(s) name to edit their personal information.

**Personal Information**

Relationship:	Main	Home Address *	(Primary Address)
Salutation:		Address (Limit to 20 Characters):	350 Stonecroft Ln.
First Name:	John	City/State/Zip:	Cary, NC
Last Name:	Test	Zip Code: *	27519
Middle Initial:		Home *	555-555-5555
Membership Type:	Fitness Couple	Business	
Date of Birth - Format X/X/XXXX: (mm/dd/yyyy)	5/5/1950	Mobile	
Gender:	Male	Other	
Marital Status:	Undisclosed	Email 1 *	
Emergency Contact: *	test, spouse		
Emergency Phone:	555-555-5555		

\*Required Fields

Submit Changes

You will have access to update emergency contact name, emergency contact phone number, telephone numbers, and email address. **\*NOTE:** Some fields cannot be edited\*

## B. Billing Information

This feature will give you access to change your billing information. You can only change billing information and view billing statements with the main members credentials.

**\*Note:** You may only change from Credit Card to Bank Draft or Vice Versa in the facility.\*

**\*Note:** Only main member accounts can update billing information.\*

Account Information Welcome: John Test (NWC4377) | [Sign Out](#)

### Billing Information

Payment Type (Please contact the facility if you wish to change from CC to Bank Draft or vice versa):

**Bank Account Information**

Bank Name:  Account Type:

Account:  ABA (Routing Number):

Active:

**\*\*\*To avoid error message, please put only your house/apt. number in the "House/Apt #" field below\*\*\***

Account Number:

Expiration:

House/Apt. Number Only (Max 20 Characters):

Zip Code:

Active:

[Submit Changes](#)

*Only enter the house or apt. number to avoid error.*

## C. Contact Information

This feature will allow the main member to change their contact information.

**\*NOTE:** Only update main member contact information in this tab\*

Update Contact Information for Main Member Welcome: John Test (NWC4377) | [Sign Out](#)

### Personal Information

Relationship:

Salutation:

First Name:

Last Name:

Middle Initial:

Membership Type:

Date of Birth - Format X/X/XXXX:  (mm/dd/yyyy)

Gender:

Marital Status:

Emergency Contact: \*

Emergency Phone:

Home Address  (Primary Address)

Address (Limit to 20 Characters):

City/State/Zip:

Zip Code:

Home  \*

Business

Mobile

Other

Email 1  \*

**\*Required Fields**

[Submit Changes](#)

*Any changes to your address can be done at the facility.*

#### D. Change Password

This feature will allow you to change your username and password.

**\*NOTE:** You will not be able to use previous passwords\*

Account Information | Welcome: John Test (NWC4377) | Sign Out

### Change Username/Password

Username:

Old Password:

New Password:

Confirm New Password:

Update Cancel

#### E. Attendance Report

This feature will give you access to view how many times you have visited the facility.

The “Date Quick Pick” box allows you to narrow down your search. Also, you can select the dates you want to view in the “From” and “To” boxes.

You can view the main or all members on the account.  
\*Sub member(s) attendance cannot be viewed individually.



Account Information | Welcome: John Test (NWC4377) | Sign Out

### Attendance Listing

Date Quick Pick: This Month

From: 04/01/2014

To: 04/17/2014

Include Sub Members: No

Submit

#### F. Billing Statements

This feature will allow you to print out each month’s billing statement.

Please select which month you would like to view.

**\*NOTE:** This information is only available with the main members credentials.

Account Information | Welcome: John Test (NWC4377) | Sign Out

### Statements

- [4/1/2014](#)
- [3/1/2014](#)
- [2/1/2014](#)
- [1/1/2014](#)
- [2013](#)