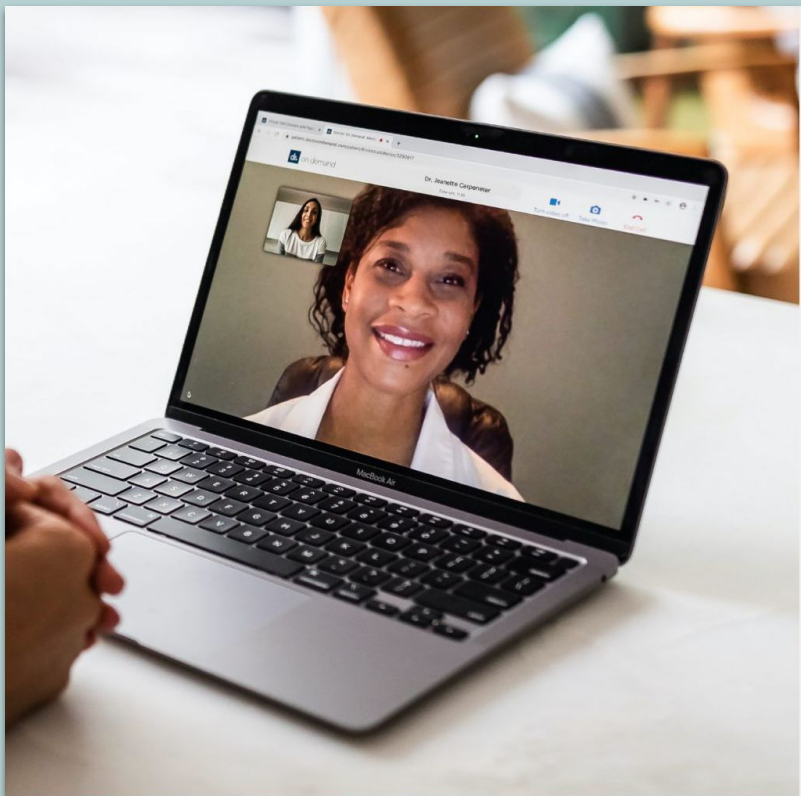




# Light & Wonder Registration Guide

July 2025



## Join Doctor On Demand®

Get access to medical and mental health experts 24 hours a day, 365 days a year.

EMAIL test@lnw.com

DATE OF BIRTH mm/dd/yyyy

PASSWORD \*\*\*\*\*

☐ I agree to Doctor On Demand's [Membership Terms](#)

Create Account

Already a member? [Sign in](#)



Basic InfoHealth InsuranceCoverage

Set Up Your Profile

Let's get started with some basic information

First Name

Middle Name (optional)

Last Name

Phone Number

(555) 555-5555

Type

Mobile

☐ Male

☐ Female

☐ Other

By providing your mobile number, you give us permission to contact you via text. [View Terms](#)

Continue

Basic InfoHealth InsuranceCoverage

Set Up Your Profile

Let's get started with some basic information

First Name

Mickey

Middle Name (optional)

Last Name

Mouse

Phone Number

(800) 997-6196

Type

Mobile

☒ Male

☐ Female

☐ Other

By providing your mobile number, you give us permission to contact you via text. [View Terms](#)


Continue



To add your employer,  
select, “Skip Insurance”



Basic Info   **Health Insurance**   Coverage



**We take health insurance**

Search for your insurance provider  
to see if you're covered.

e.g. Humana, UnitedHealthcare

[Continue](#)

[Skip Insurance >](#)

You can see a doctor without insurance.



Basic Info

Health Insurance

Coverage



## Does your employer help cover Doctor On Demand visits?

400+ employers partner directly with Doctor  
On Demand to provide benefits to their  
employees.

Yes

No



All employer names that can be used on this step:

- Light & Wonder
- Light and Wonder
- LnW

Basic Info   Health Insurance   Coverage

## Add Employer

Search for the company that covers your visits

Q light|

- Light & Wonder
- Light and Wonder

Skip Employer   Submit



Basic Info

Health Insurance

Coverage

[< Back](#)

## Add your benefit details

Please fill out the following to verify your eligibility.



### Tips

- Please enter the information exactly as it appears on your health insurance card.
- Fields are case sensitive.

Your Insurance Company

Aetna

Member ID

Group Number

[I don't have my card](#)

[Submit](#)



Basic Info

Health Insurance

Coverage



## Employer Added



### Aetna

See below for a summary of Doctor On Demand services.

#### Your Cost

Medical	20.00
Therapy	40.00
Psychiatry (45 min initial visit)	40.00

\* High Deductible Health Plan (HDHP) copays are \$45 for all services.

Ok, Great!