

<https://lhi.care/start>

## Welcome to LHI.Care

### Log In

**Username**

**Password**

Forgot your username or password? [Recover your account.](#)

Continue

By clicking Continue, you agree to our [license agreement](#).

### New to LHI.Care?

If you haven't logged in before, click below to set up your account.

Get Started

First time users must first register here

LHI  
Help  
Desk #

Users must set up account prior to completing the PHA assessment.

Medical vouchers will be created by LHI, not HRC for HPSP, IRR, and IMA Soldiers.

## Create an Account

### Step 1 of 6: Let's Look You Up

The security of your personal health information is important to us. That's why we use a multi-step process to confirm your identity.

First, provide us with some information so we can find you in our records.

**Last name**

**Date of birth**

/

/

**Home ZIP code**



I'm not a robot



reCAPTCHA  
[Privacy](#) - [Terms](#)

Continue

# Create an Account

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## Step 2 of 6: Choose Your Program

We matched you to the following program.

☒ US Army Reserve

Continue

If you're not associated with the above program, [click here](#).



## Create an Account

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### Step 3 of 6: Confirm Your Identity

**Confirm the last 4 digits of your SSN**

Continue



Your Personal  
Information will  
be listed here

## Create an Account

### Step 4 of 6: Send a Verification Code

We'll send you a verification code which will expire in 15 minutes. Choose the phone number or email address where we should send this code:

- ☐ Email ~~mic\*\*\*\*\*@mail.mil~~
- ☐ Alternate Email ~~mjb\*\*\*\*\*@gmail.com~~
- ☐ Text ~~\*\*\*\*\*0403~~

Continue

If the above contact information looks incorrect, [click here](#).



## Create an Account

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### Step 5 of 6: Enter the Verification Code

We sent a code to your phone. Delivery speed and availability may vary by location and service provider.

**Verification code**

Continue

[Send a new verification code](#), or if you need assistance, [click here](#).



Your User Name will be listed and can be changed if necessary.

## Create an Account

### Step 6 of 6: Create a New Password

It looks like you already created a username for LHI.Care. You'll need to create a new password to recover your account.

#### Change your username

Username must be a minimum of 6 characters and cannot be an email address.

#### Create a password

#### Confirm password

Continue

By clicking Continue, you agree to our [License Agreement](#).



Welcome,

Your Name  
will be listed

*No upcoming appointments*

## Need Services?

We'll check with your service component to see if you're eligible for annual readiness services.

[Request Services](#)

Let's make sure your information is up to date

Confirming your contact information ensures we can best coordinate health services for you.

[Continue](#)



# Your Account


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To assist in scheduling your appointment, please confirm your personal information is up to date.

If you need your appointment scheduled near an alternate address, please call LHI.

## Your Account Details

Your account/personal  
information will be  
listed below on the LHI  
page



Welcome, Your Name  
will be listed EL

*No upcoming appointments*

## Need Services?

We'll check with your service component to see if you're eligible for annual readiness services.

[Request Services](#)

## Request Services

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If you believe you need services, we'll need you to answer a few questions so we can process your request.

Continue

Cancel Request

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Please  
Read  
Note!

## Service Request Form / [Review](#) ▾

Do you use Tricare Prime Remote?

☐ Yes ☐ No

Are you deploying?

☐ Yes ☐ No

**Please note the voucher created will automatically include all services you are eligible for based on your service component's program guidance.**

Annual eligibility may include services such as a Periodic Health Assessment (PHA), Dental Exam, Hearing and Vision Screening, and Immunizations as needed.

Please identify any requests outside of your eligible services:

- ☐ Request a HIV draw
- ☐ Request Chlamydia and Gonorrhea testing
- ☐ Walgreens Walk In Flu Program Preferred
- ☐ Decline Influenza Immunization
- ☐ Decline Annual Dental Exam
- ☐ Other

Clicking 'Continue' will submit your request for services. Our team will then review all annual services you are eligible for based on your service component's program guidance.

Submit and Continue