

Aloha,

On Dec 1, 2015 the Department of Health implemented a new **MANDATORY** online application process that ALL patients must complete. This should be done **PRIOR** to your appointment if at all possible! The easiest way to do this is to go to our website www.KevinBaikoMD.com

On the top of the home page you will see **URGENT MESSAGE** with a direct link to the Dept of Health's webpage with step-by-step instructions on exactly how this needs to be done.

This page can also be reached by typing into your browser:

<http://health.hawaii.gov/medicalmarijuanaregistry/application-information/>

Note: The DOH system will NOT accept your application if you enter it more than 60 days prior to the expiration date on your current card.

Online Application Instructions

1. If you do not already have your OWN email account, create one. (yahoo, gmail & mail.com are all FREE)
2. Go to <https://login.ehawaii.gov> and create a user account.
3. Go to <https://medmj.ehawaii.gov> and login with that information.
4. Fill out the online application. We can help you upload any required documents at your appointment or you can email us at info@hawaiicompassionatecare.com and Michelle will send you a jpeg of the ID that we have on file for you. **The physician name that you will need to enter is KEVIN BAIKO (License # 15123) *******
5. Pay the state filing fees. The cost is **\$38.50**. You MUST pay these fees with a credit/debit card OR direct withdrawal from a checking or savings bank account. All fees are nonrefundable, even if a card is not issued. Applications that utilize bank withdrawal will incur an additional 10 business day minimum processing hold from the date of debit. We strongly recommend using a prepaid VISA Gift Card versus a bank withdrawal for this reason.
Note: The credit/debit card does NOT need to be in the patient's name!
6. For more information, visit the Medical Marijuana Registry website at <http://health.hawaii.gov/medicalmarijuana> Click on Patients and Caregivers, click on Registration Information.
7. **Name(s) on your application MUST match your ID(s) EXACTLY!!! *******
8. **NOTE ALL APPLICATIONS NEEDING CORRECTIONS WILL BE EMAILED DIRECTLY TO THE PATIENT SO USE A VALID EMAIL!**
9. **CARDS WILL BE MAILED DIRECTLY TO THE PATIENT FROM THE DEPT OF HEALTH. Be sure that you include your correct MAILING address along with your physical address if different! Also be sure to select THAT YOU HAVE AN ACTIVE A GROW SITE for your application! The DOH gives you the option to select your residential address OR a different grow site! If you do not select an active grow site you are not allowed to have any plants!**

AVOID THESE MOST COMMON APPLICATION MISTAKES: NAME MUST MATCH NAME ON ID EXACTLY, THE ID NUMBER THEY WANT IS WHAT IS ON YOUR DRIVER'S LICENSE, STATE ID OR PASSPORT (NOT YOUR OLD CARD NUMBER) THE ZERO IN YOUR ID NUMBER IS A NUMBER ZERO (0) NOT THE LETTER "O", BE SURE TO TYPE YOUR ENTIRE ADDRESS (STREET, ROAD, DRIVE, AVENUE, PLACE, ETC...) INCLUDE YOUR MAILING ADDRESS AND SELECT AN ACTIVE GROW SITE!

If you already have an ehawaii.gov account you must know or reset your password!

Be sure to bring your ID and your passwords for both your application/ehawaii AND your email accounts with you to your appointment so that we can help you upload your ID and/or make any necessary corrections to your application!

We look forward to seeing you soon!

Mahalo, Kevin Baiko MD