

L.A. Care SHOP!

Welcome to LACareShop! You may now log in to order materials. This brief tutorial will serve to help you navigate the portal.


We hope you enjoy your shopping experience!

Thank you.

The Portal Support Team
PortalSupport@lacare.org

First Time Login

URL: lacareshop.com
USERNAME: your email address
PASSWORD: TempPass2022\$

 **L.A. Care**
HEALTH PLAN

Welcome. Please login to your account to proceed.
Please contact portalsupport@lacare.org for problems with login.

LOGIN


Email or Username

Password

[Reset password](#)



Upon login you will be taken to your user profile. Please update as shown below.

 Welcome Best Seller My Account ▾ Search 0 items

[Profile](#) | [Order History](#) | [Contact Us](#) | [Logout](#)

Settings

[Profile](#) | [Password](#) | [My Addresses](#)

First Name * <input type="text" value="Pre-Populated"/>	Phone <input type="text"/>
Middle Name <input type="text"/>	Cell Phone <input type="text"/>
Last Name * <input type="text" value="Pre-Populated"/>	Fax <input type="text"/>
Email * <input type="text" value="Pre-Populated "/>	Time Zones <input type="text" value="(UTC-08:00) Pacific Time (US & Canada)"/>
Username * <input type="text" value="Must not be your email address"/>	Website <input type="text"/>
Title <input type="text"/>	Default Location <input type="text"/>
Additional Information	
Cost center <input type="text" value="672"/>	License Number <input type="text" value="Pre-Populated"/>
Company or General Agency <input type="text" value="Pre-Populated"/>	

* indicates required fields

[Update](#)



Next, reset your password!



Welcome Best Seller My Account Search 0 items

Profile Order History Contact Us Logout

Settings

Profile Password My Addresses Locations Users

Current Password *

New Password *

Confirm Password *

- At least 7 characters
- At least 1 number
- At least 1 uppercase letter
- (suggested) 1 symbol
- (suggested) 12 characters

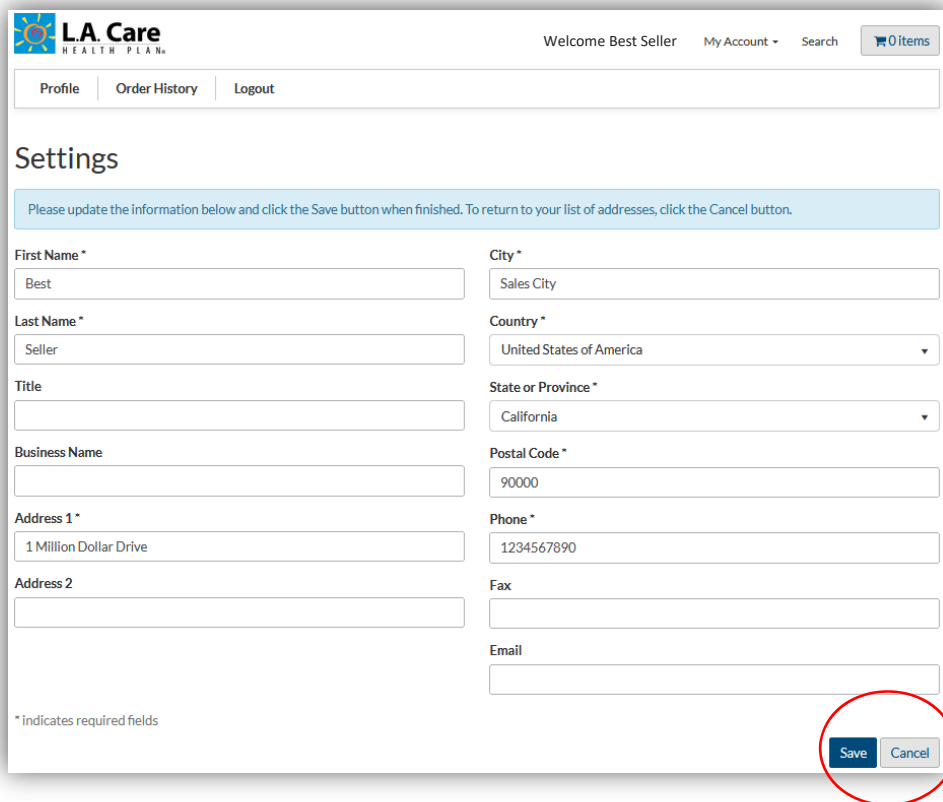
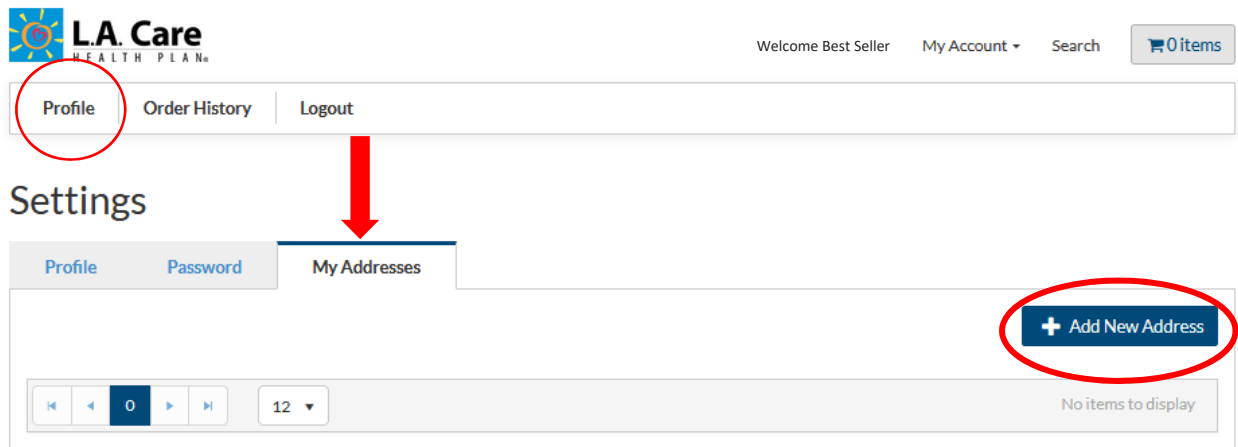
* indicates required fields

Update Password



You can find your saved addresses under Profile/My Addresses. (You won't have any until you order or add them manually.)

Here's how.





Once you have created more than one address, you can go into My Addresses and select “Make Primary”. This will now be the default shipping address on your orders are shipped to your address. You may also send to another address, as needed, by simply adding it on your order.

Do **NOT** send to L.A. Care.

L.A. Care
HEALTH PLAN

Welcome Best Seller My Account Search 0 items

Profile Order History Logout

Settings

Address was successfully updated.

Profile Password **My Addresses**

[+ Add New Address](#)

Primary Address

Full Name: Example Address
Address 1: 0000 Pacific Coat Highway
City: Sales City, CA 90000
Phone: 1234567890

[Edit](#)

Full Name: Best Seller
Address 1: 1 Million Dollar Drive
City: Sales City, CA 90000
Phone: 1234567890


[Edit](#) [Make Primary](#) [Delete](#)

1 12 1 - 2 of 2 items

L.A. Care SHOP!

Order History

You will find all of your orders here. To view your order, click "View". Once you see the order you can place a reorder on any of the line items. Or you can press Reorder to place the entire order again.


Welcome Best Seller
My Account ▾
Search
0 items

Profile
Order History
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Order History

Pending ✕

Start Date

End Date

Order Status

Approval Status

Ordered By

Billing To

Apply Filters

Expand All
📄
📄

	Paid	Order Number	Order Date	Ordered By	SubTotal	Tax	Shipping	P
▶ View Reorder	✓	28232	10/3/2022 7:27 AM	Best Seller	\$0.00	\$0.00	\$0.00	\$ ^
▶ View Reorder	✓	28149	9/30/2022 7:26 AM	Best Seller	\$0.00	\$0.00	\$0.00	\$
▶ View Reorder	✓	28145	9/30/2022 5:32 AM	Best Seller	\$0.00	\$0.00	\$0.00	\$
▶ View Reorder	✓	28067	9/28/2022 6:38 AM	Best Seller	\$0.00	\$0.00	\$0.00	\$



To reach support you can email portalsupport@lacare.org, or select Contact Us and fill in the form shown below.



Welcome Best Seller

My Account ▾

Search

0 items

- Profile
- Order History
- Contact Us
- Logout

Contact Us

Please fill out the form so we can contact you.

Contact me

Please fill out this form so we can have someone contact you.

Please Enter your Full Name *

Please enter your Phone Number *

Please enter your email address *

When would be a good time to call or email you ?

Which product do you need assistance with ? *

The reason you are contacting us. *