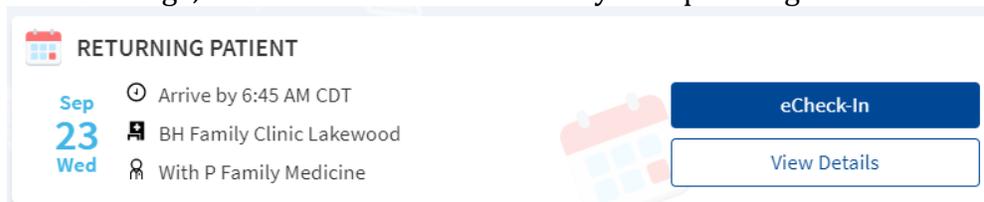


## MyChart eCheck-In

Save time by completing your paperwork online for your upcoming visit on the MyChart site or mobile app. Quickly update your demographics, insurance, medication, allergies, sign documents, make copay and complete related questionnaires.

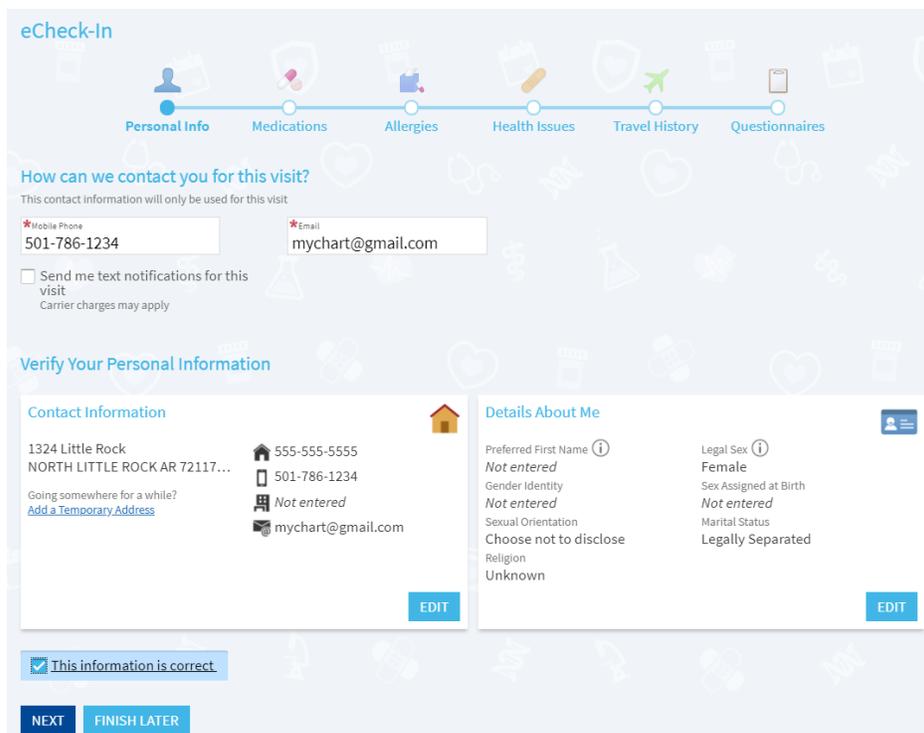
### MyChart Site

From the Home Page, look for the notifications for your upcoming visit & select eCheck-In.



You can also access from the Visits menu, then select ECheck-in for your visit.

Begin by confirming your mobile number and selecting to receive text notifications for your visit. Then update demographics, including address, phone numbers, sex, marital status, etc. Mark this information as correct and select Next.



The eCheck-In form is displayed with a progress bar at the top showing steps: Personal Info, Medications, Allergies, Health Issues, Travel History, and Questionnaires. The "Personal Info" step is active.

**How can we contact you for this visit?**  
This contact information will only be used for this visit

Mobile Phone: 501-786-1234  
Email: mychart@gmail.com

Send me text notifications for this visit  
Carrier charges may apply

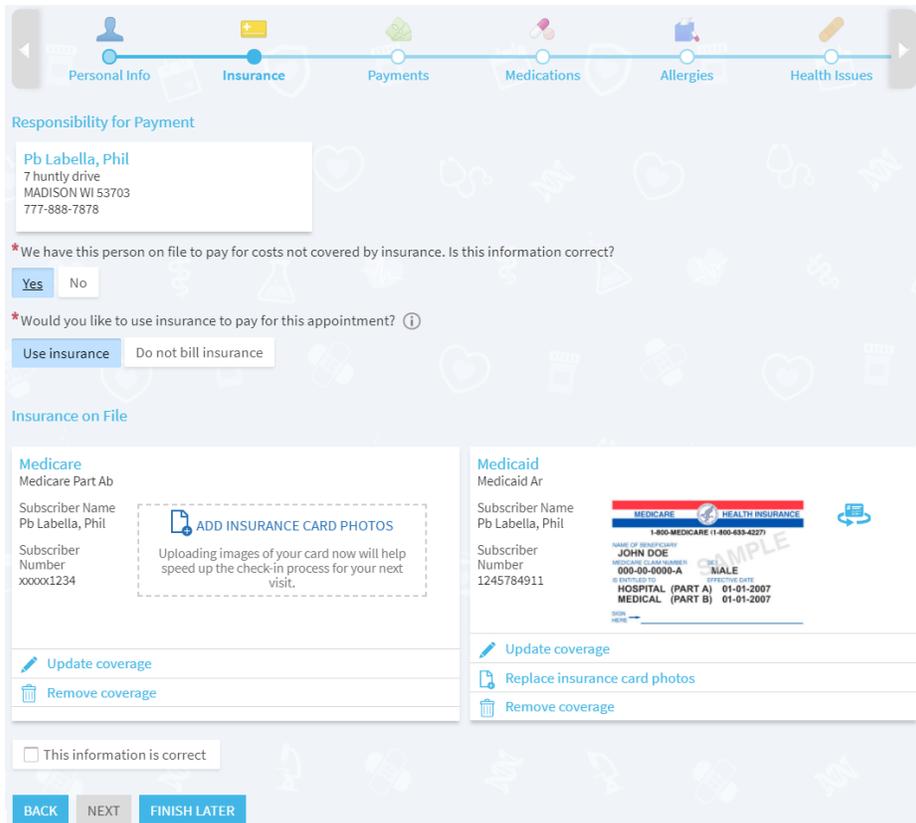
**Verify Your Personal Information**

Contact Information	Details About Me
1324 Little Rock NORTH LITTLE ROCK AR 72117... Going somewhere for a while? <a href="#">Add a Temporary Address</a>	Preferred First Name <i>Not entered</i>
555-555-5555 501-786-1234 Not entered mychart@gmail.com	Legal Sex Female
<a href="#">EDIT</a>	Sex Assigned at Birth Not entered
	Gender Identity Not entered
	Sexual Orientation Choose not to disclose
	Religion Unknown
	Marital Status Legally Separated
	<a href="#">EDIT</a>

This information is correct

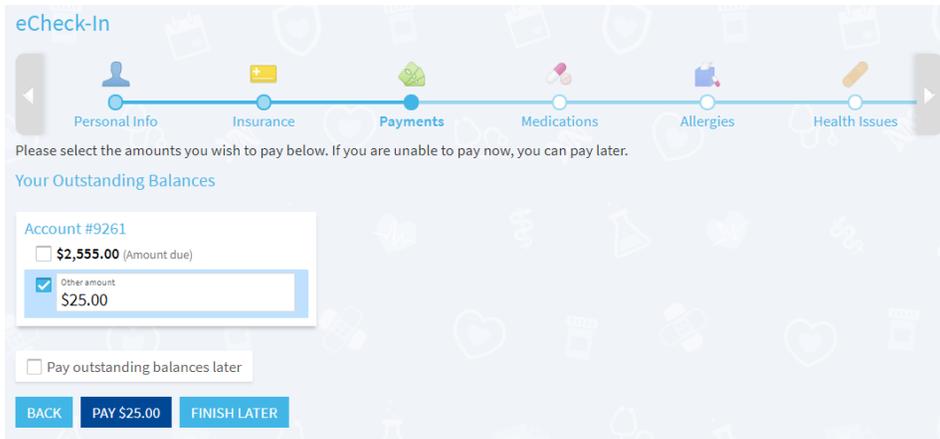
[NEXT](#) [FINISH LATER](#)

Verify insurance information and guarantor (person responsible for payment). Select Remove coverage to request coverages be removed from your record. Upload an image of your insurance card for your record and to save time day of visit. Use Add a Coverage to add new coverages to your record. Once complete mark this information is correct and select Next.



The screenshot shows the 'Insurance' step in a patient's MyChart profile. At the top, a navigation bar includes 'Personal Info', 'Insurance', 'Payments', 'Medications', 'Allergies', and 'Health Issues'. The 'Insurance' section is titled 'Responsibility for Payment' and lists 'Pb Labella, Phil' with address and phone number. Below this, there are two questions: 'We have this person on file to pay for costs not covered by insurance. Is this information correct?' with 'Yes' and 'No' buttons, and 'Would you like to use insurance to pay for this appointment?' with 'Use insurance' and 'Do not bill insurance' buttons. The 'Insurance on File' section contains two entries: 'Medicare Medicare Part Ab' and 'Medicaid Medicaid Ar'. Each entry shows subscriber name and number, and includes an 'ADD INSURANCE CARD PHOTOS' button with a note: 'Uploading images of your card now will help speed up the check-in process for your next visit.' The Medicaid entry also features a sample insurance card image. Below the entries are 'Update coverage' and 'Remove coverage' buttons. At the bottom, there is a checkbox for 'This information is correct' and three buttons: 'BACK', 'NEXT', and 'FINISH LATER'.

**Make payments for either copay specific** to the visit or outstanding balances while completing eCheck-in. Select the Pay button to enter payment method information & complete payment. This can be stored for future use and will be available to select existing method to make future payments as needed.



**eCheck-In**

Personal Info Insurance **Payments** Medications Allergies Health Issues

Please select the amounts you wish to pay below. If you are unable to pay now, you can pay later.

Your Outstanding Balances

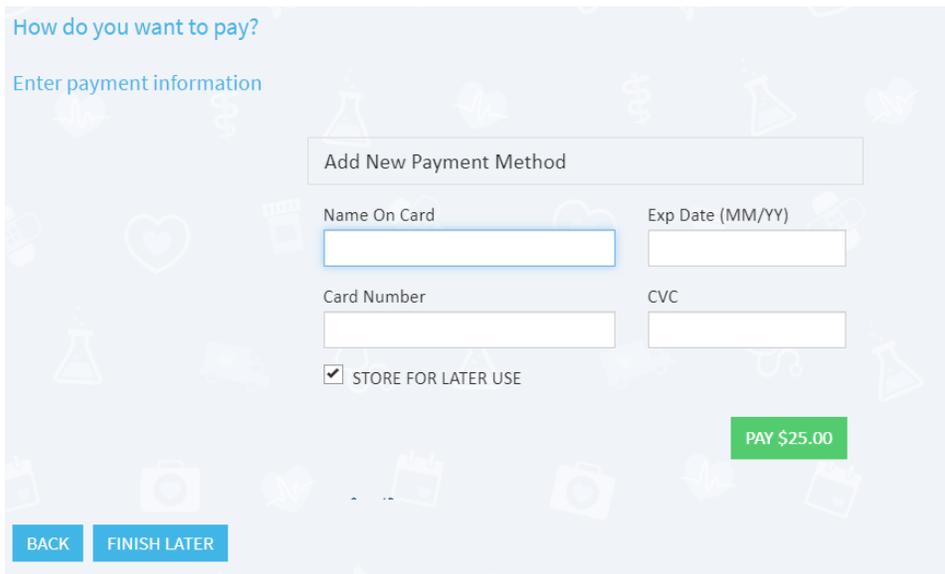
Account #9261

\$2,555.00 (Amount due)

Other amount  
\$25.00

Pay outstanding balances later

**BACK** **PAY \$25.00** **FINISH LATER**



**How do you want to pay?**

Enter payment information

Add New Payment Method

Name On Card

Exp Date (MM/YY)

Card Number

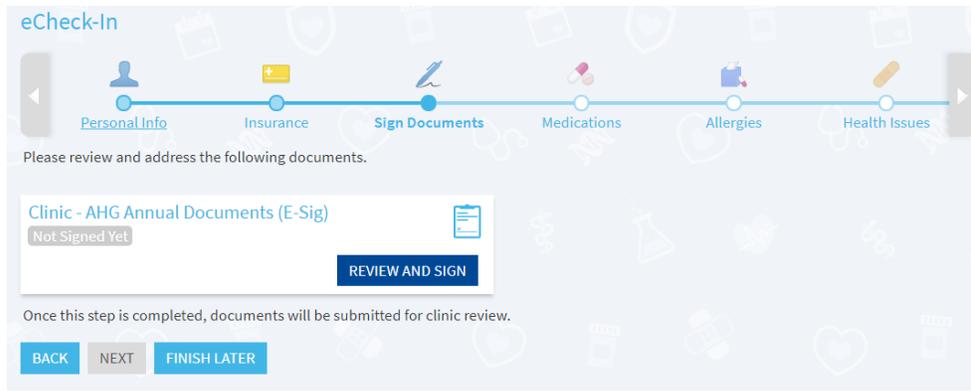
CVC

STORE FOR LATER USE

**PAY \$25.00**

**BACK** **FINISH LATER**

To sign documents for your visit, select Review and Sign.



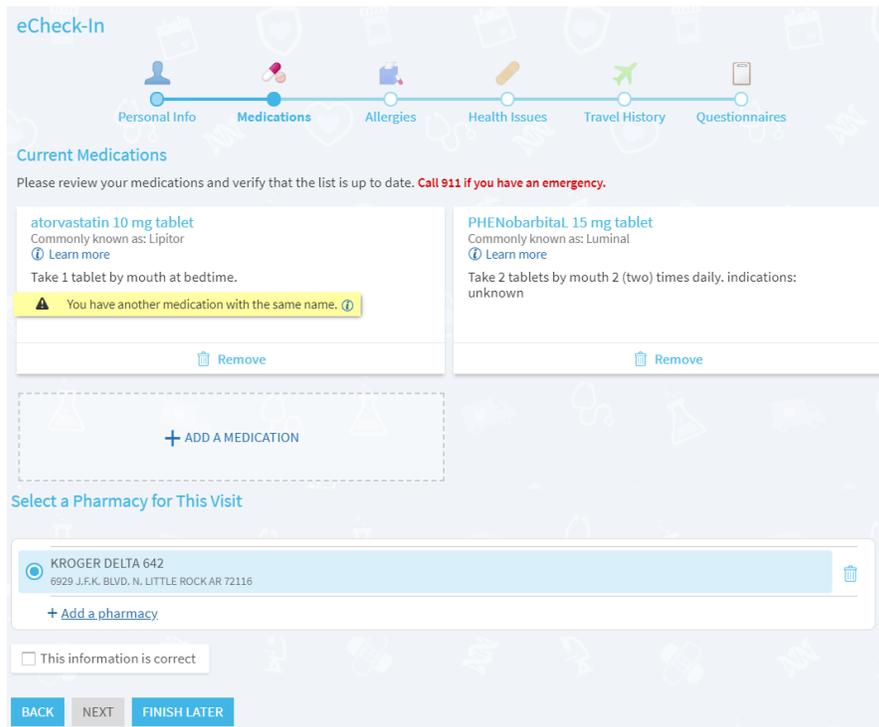
The screenshot shows the 'eCheck-In' interface. At the top, there is a progress bar with icons for Personal Info, Insurance, Sign Documents (highlighted), Medications, Allergies, and Health Issues. Below the progress bar, it says 'Please review and address the following documents.' A document card is displayed with the title 'Clinic - AHG Annual Documents (E-Sig)' and a status of 'Not Signed Yet'. A blue button labeled 'REVIEW AND SIGN' is positioned at the bottom of the card. Below the card, it states 'Once this step is completed, documents will be submitted for clinic review.' At the bottom of the screen, there are three buttons: 'BACK', 'NEXT', and 'FINISH LATER'.

Scroll down to bottom of document to click in the signature field. Once name appears, select Continue.



The screenshot shows the full document titled 'Clinic - AHG Annual Documents (E-Sig)'. At the top left is the Arkansas Health Group logo, with the text 'Arkansas Health Group' and 'A BAPTIST HEALTH AFFILIATE'. The document contains several sections of text, including 'CLINIC GENERAL CONSENT', 'CONTACT BY PHONE', 'COMMUNICATIONS REGARDING MY ACCOUNT', 'COMMUNICATIONS REGARDING MY CARE', 'RELEASE OF INFORMATION AGREEMENT', 'CLINIC FINANCIAL POLICY', and 'MOTOR VEHICLE ACCIDENTS'. At the bottom of the document, there is a 'Patient Signature' section. A signature box is shown with a green checkmark and the text 'Two Mychart'. Below the signature box, it says 'Signature generated for Two Mychart at 09/24/2020, 04:43 PM'.

Review current medications, add new, or remove old. Select a pharmacy preference for this visit. Mark this information is correct and select Next.



**eCheck-In**

Personal Info Medications Allergies Health Issues Travel History Questionnaires

### Current Medications

Please review your medications and verify that the list is up to date. **Call 911 if you have an emergency.**

<b>atorvastatin 10 mg tablet</b> Commonly known as: Lipitor <a href="#">Learn more</a> Take 1 tablet by mouth at bedtime. <b>⚠️ You have another medication with the same name. ⓘ</b> <a href="#">Remove</a>	<b>PHENobarbital 15 mg tablet</b> Commonly known as: Luminal <a href="#">Learn more</a> Take 2 tablets by mouth 2 (two) times daily. indications: unknown <a href="#">Remove</a>
---	--

[+ ADD A MEDICATION](#)

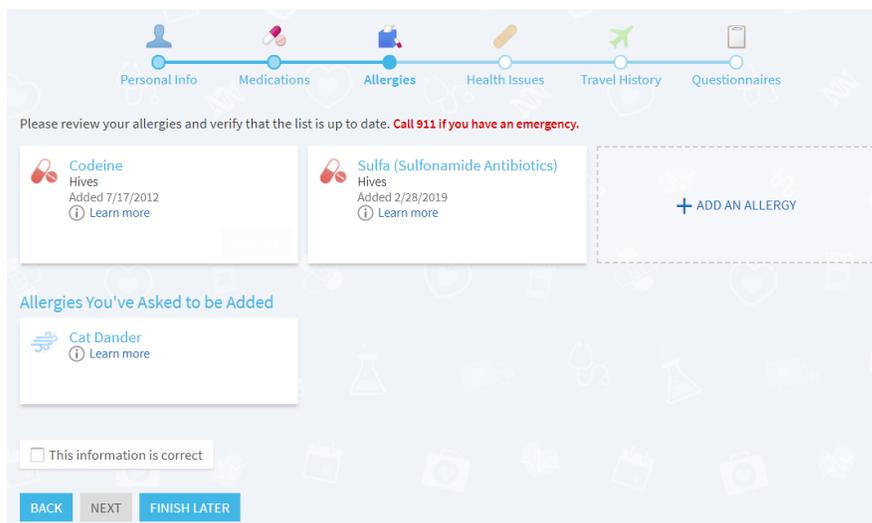
### Select a Pharmacy for This Visit

**KROGER DELTA 642**  
6929 J.F.K. BLVD., N. LITTLE ROCK AR 72116  
[+ Add a pharmacy](#)

This information is correct

[BACK](#) [NEXT](#) [FINISH LATER](#)

Add allergies to be reviewed by your provider and be added to your record. Hover over an allergy to mark it to be Removed, if incorrect. Mark this information is correct and select Next.



Personal Info Medications Allergies Health Issues Travel History Questionnaires

Please review your allergies and verify that the list is up to date. **Call 911 if you have an emergency.**

<b>Codeine</b> Hives Added 7/17/2012 <a href="#">Learn more</a>	<b>Sulfa (Sulfonamide Antibiotics)</b> Hives Added 2/28/2019 <a href="#">Learn more</a>	<a href="#">+ ADD AN ALLERGY</a>
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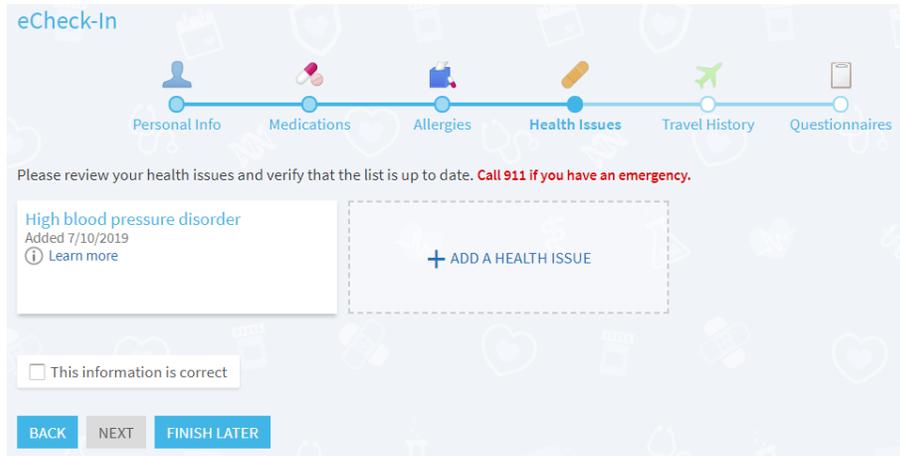
### Allergies You've Asked to be Added

<b>Cat Dander</b> <a href="#">Learn more</a>
---

This information is correct

[BACK](#) [NEXT](#) [FINISH LATER](#)

Review and add any health problems for your provider to review and add to your record. Hover over a problem to mark it to be Removed, if incorrect. Mark this information is correct and select Next.



**eCheck-In**

Personal Info Medications Allergies **Health Issues** Travel History Questionnaires

Please review your health issues and verify that the list is up to date. **Call 911 if you have an emergency.**

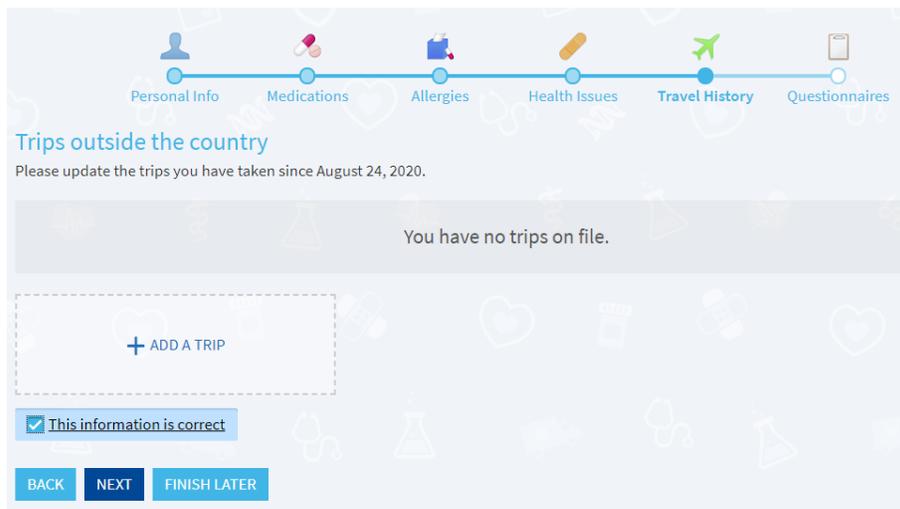
High blood pressure disorder  
Added 7/10/2019  
[Learn more](#)

**+ ADD A HEALTH ISSUE**

This information is correct

**BACK** **NEXT** **FINISH LATER**

Add any travel history for trips outside of the country. Mark this information is correct and select Continue.



Personal Info Medications Allergies Health Issues **Travel History** Questionnaires

**Trips outside the country**

Please update the trips you have taken since August 24, 2020.

You have no trips on file.

**+ ADD A TRIP**

**This information is correct**

**BACK** **NEXT** **FINISH LATER**

Complete questionnaires related to your visit, such as the MSPQ if you are a Medicare patient, and medical/surgical history for your physician's clinic visit.

eCheck-In

Personal Info Medications Allergies Health Issues Travel History Questionnaires

### Communicable Disease Screening

For an upcoming appointment with **P Family Medicine** on 9/25/2020

\* Indicates a required field.

\* Do you have any of the following new or worsening symptoms?  
Select all that apply.

\* In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

\* Have you had a COVID-19 viral test in the last 14 days?

Personal Info Medications Allergies Health Issues Travel History Questionnaires

### Patient Medical History

Step 3 of 4

Please fill out the following questionnaire. When available, data is pulled from your chart.

#### Family History

<input type="checkbox"/> Alcohol abuse	Add a new family member	Name	Comments
<input type="checkbox"/> Arthritis	Add a new family member	Name	Comments
<input checked="" type="checkbox"/> Asthma	Jane (Mother)	Name Jane	Comments <input type="button" value="-"/>
	-Add Brother-	Name Sam	Comments <input type="button" value="-"/>
	Add a new family member	Name	Comments
<input type="checkbox"/> Birth defects	Add a new family member	Name	Comments
<input type="checkbox"/> Cancer	Add a new family member	Name	Comments
<input type="checkbox"/> COPD	Add a new family member	Name	Comments
<input type="checkbox"/> Depression	Add a new family member	Name	Comments
<input checked="" type="checkbox"/> Diabetes	Joe (Father)	Name Joe	Comments <input type="button" value="-"/>

Verification that your eCheck-in is complete appears with visit date, time and location. Use the Get Directions link to see the mapped directions to your visit.

**eCheck-In Complete** 

Thanks for using eCheck-In!  
The information you've submitted is now on file - no more filling it out in the waiting room. Please bring your ID and Insurance card with you to have a copy saved in your chart.

[BACK TO APPOINTMENT DETAILS](#)

**RETURNING PATIENT with P Family Medicine**

 Friday September 25, 2020 Arrive by 8:00 AM CDT  Starts at 8:15 AM CDT  Add to Calendar	 <b>BH Family Clinic Lakewood</b> 2508 Crestwood NLR AR 72116-7623 501-758-2294  Get Directions
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