



Baptist Health

MyChart

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.

RETURNING PATIENT

Sep 23 Wed

🕒 Arrive by 6:45 AM CDT

🏠 BH Family Clinic Lakewood

👤 With P Family Medicine

[eCheck-In](#)

[View Details](#)

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.

eCheck-In

Personal Info Medications Allergies Health Issues Travel History Questionnaires

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

1324 Little Rock
NORTH LITTLE ROCK AR 72117...

🏠 555-555-5555

📞 501-786-1234

👤 Not entered

✉ mychart@gmail.com

Going somewhere for a while?
[Add a Temporary Address](#)

[EDIT](#)

Details About Me

Preferred First Name *Not entered*

Gender Identity *Not entered*

Sexual Orientation *Choose not to disclose*

Religion *Unknown*

Legal Sex *Female*

Sex Assigned at Birth *Not entered*

Marital Status *Legally Separated*

[EDIT](#)

☒ This information is correct

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



Baptist Health

MyChart

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.

Personal InfoInsurancePaymentsMedicationsAllergiesHealth Issues

Responsibility for Payment

Pb Labella, Phil

7 huntly drive

MADISON WI 53703

777-888-7878

* We have this person on file to pay for costs not covered by insurance. Is this information correct?

Yes

No

* Would you like to use insurance to pay for this appointment?

Use insurance

Do not bill insurance

Insurance on File

Medicare

Medicare Part Ab

Subscriber Name

Pb Labella, Phil

Subscriber Number

xxxxx1234

ADD INSURANCE CARD PHOTOS

Uploading images of your card now will help speed up the check-in process for your next visit.

Update coverage

Remove coverage

Medicaid

Medicaid Ar

Subscriber Name

Pb Labella, Phil

Subscriber Number

1245784911

Update coverage

Replace insurance card photos

Remove coverage

☐ This information is correct

BACK

NEXT

FINISH LATER

baptist-health.com

KeepOnAmazing



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



Baptist Health

MyChart

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

eCheck-In

Personal Info Insurance **Sign Documents** Medications Allergies Health Issues

Please review and address the following documents.

Clinic - AHG Annual Documents (E-Sig)
Not Signed Yet

REVIEW AND SIGN

Once this step is completed, documents will be submitted for clinic review.

BACK NEXT FINISH LATER

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

Clinic - AHG Annual Documents (E-Sig)

Arkansas Health Group
A BAPTIST HEALTH AFFILIATE

CLINIC GENERAL CONSENT
Arkansas Health Group is a company which employs healthcare providers and owns clinics across the state. The language in this document applies to all clinic providers and locations. Your consent for treatment will remain in effect until revoked in writing.
CONSENT: I voluntarily consent to receive medical and healthcare services from an Arkansas Health Group clinic. I understand this may include services by my physician, his or her assistants and designees, including medical students, residents or fellows, and employees of Arkansas Health Group as is deemed necessary or advisable in their judgment. I authorize the use of telehealth services, photographs, camera surveillance and/or audio and video recordings as needed for the purpose of treatment, payment or healthcare operations. I authorize the disposal of any tissues removed in the performance of any procedure. I am aware that the practice of medicine and surgery is not an exact science; that it involves my informed acceptance of certain risks versus benefits and I acknowledge that no guarantees have been made to me as a result of my examination and/or treatments.
CONTACT BY PHONE:
COMMUNICATIONS REGARDING MY ACCOUNT:
I agree that Arkansas Health Group, any other collection or servicing agency, or agencies retained by Arkansas Health Group (together referred to hereafter as "collectors") to collect any money that I owe to Arkansas Health Group may contact me by telephone or text message at any number associated with my personal demographic information. I understand that this contact includes but is not limited to, cellular/wireless telephone numbers which may result in my incurring fees for the call or text message. I understand, acknowledge and agree that the collectors may contact me by automatic dialing devices and through pre-recorded messages, artificial voice messages or voice mail messages.
COMMUNICATIONS REGARDING MY CARE:
I agree that Arkansas Health Group may contact me by telephone or text message at any number associated with my personal demographic information for the purpose of care coordination, quality improvement activities, appointment reminders, wellness campaign reminders and insurance coverage/network status. I understand that this contact includes but is not limited to, cellular/wireless telephone numbers which may result in my incurring fees for the call or text message. I understand, acknowledge and agree that Arkansas Health Group may contact me by automatic dialing devices and through pre-recorded messages, artificial voice messages or voice mail messages.
RELEASE OF INFORMATION AGREEMENT: I understand Arkansas Health Group will generate, receive and store protected health information regarding my diagnosis and/or treatment. This information could include mental illness information, use of drugs and alcohol, or communicable diseases such as HIV/AIDS. I understand that the Notice of Privacy Practices provides information about how Arkansas Health Group and its workforce may use and/or disclose my information for the purposes of treatment, payment, healthcare operations and otherwise required by law. I hereby authorize Arkansas Health Group, in its discretion, to disclose any or all of the information in my medical records to any person, corporation or agency which is or may be liable for all or part of Baptist's charge or who may be responsible for determining the necessity, appropriateness, amount, or other matter related to treatment or charges, including, but not limited to, insurance companies, health maintenance organizations, preferred provider organizations, workers compensation carriers, welfare funds, and the Social Security Administration or its intermediaries or carriers. I further authorize Arkansas Health Group, in its discretion, to disclose such information to its insurance carrier or carriers when so requested by such carrier and to my employer when said employer is actually liable for such charges.

CLINIC FINANCIAL POLICY
INSURANCE COVERAGE: Your insurance coverage is a contract between you and your insurance company. We are not a party to that contract. If you have insurance, we will help you receive maximum benefits. If we accept your insurance, you must pay any co-payment and/or estimated coinsurance and deductibles prior to seeing the provider. In the event we accept assignment of benefits, the patient is still ultimately responsible for all charges.
USUAL AND CUSTOMARY RATES: Our practice is committed to providing the best treatment for patients and we charge what is usual and customary for our area. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, etc., other than to provide factual information as necessary. You are responsible for the timely payment of your account.
MOTOR VEHICLE ACCIDENTS: In the event you are involved in a motor vehicle accident, you are expected to pay for services when rendered. We will gladly provide you with all the

This document shall be signed by the patient, his or her legal guardian, or by another competent individual due to the reason outlined below. The undersigned certifies that he/she has read or has been read this form, has received a copy, is the patient or authorized representative of the patient, and the conditions of admission are fully understood and accepted.

Patient Signature:

Two Mychart
Signature generated for Two Mychart at 09/24/2020, 04:43 PM



Baptist Health

MyChart

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.**

atorvastatin 10 mg tablet
Commonly known as: Lipitor
[Learn more](#)
Take 1 tablet by mouth at bedtime.
⚠ You have another medication with the same name. ⓘ

[Remove](#)

PHENobarbital 15 mg tablet
Commonly known as: Luminal
[Learn more](#)
Take 2 tablets by mouth 2 (two) times daily. indications: unknown

[Remove](#)

+ 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.**

Codeine
Hives
Added 7/17/2012
[Learn more](#)

Sulfa (Sulfonamide Antibiotics)
Hives
Added 2/28/2019
[Learn more](#)

+ ADD AN ALLERGY

Allergies You've Asked to be Added

Cat Dander
[Learn more](#)

☐ This information is correct

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



Baptist Health

MyChart

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.

The screenshot shows the 'eCheck-In' interface with a progress bar at the top containing icons for Personal Info, Medications, Allergies, Health Issues, Travel History, and Questionnaires. The 'Health Issues' step is currently active. Below the progress bar, a message reads: 'Please review your health issues and verify that the list is up to date. Call 911 if you have an emergency.' A list of health issues is shown, with one entry: 'High blood pressure disorder' added on 7/10/2019, with a 'Learn more' link. To the right of this list is a dashed box with a plus icon and the text '+ ADD A HEALTH ISSUE'. At the bottom left, there is a checkbox labeled 'This information is correct'. At the bottom, there are three buttons: 'BACK', 'NEXT', and 'FINISH LATER'.

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

The screenshot shows the 'eCheck-In' interface with the 'Travel History' step active in the progress bar. The section title is 'Trips outside the country' with a sub-instruction: 'Please update the trips you have taken since August 24, 2020.' A grey message box states 'You have no trips on file.' Below this is a dashed box with a plus icon and the text '+ ADD A TRIP'. At the bottom left, there is a checked checkbox labeled 'This information is correct'. At the bottom, there are three buttons: 'BACK', 'NEXT', and 'FINISH LATER'.



Baptist Health

MyChart

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.

None of these Abdominal pain Bruising or bleeding Chills Cough Diarrhea Fatigue Fever Joint pain
 Loss of smell Loss of taste Muscle pain Rash Red eye Runny nose Severe headache Shortness of breath
 Sore throat Vomiting Weakness

* In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?
 Yes No / Unsure

* Have you had a COVID-19 viral test in the last 14 days?
 Yes - Positive result Yes - Pending result Yes - Negative result No

CONTINUE FINISH LATER CANCEL

STOP

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
	-Add Brother-	Name Sam	Comments
	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

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](#)

 **BH Family Clinic Lakewood**
2508 Crestwood
NLR AR 72116-7623
501-758-2294
 [Get Directions](#)