

#### **MyChart Mobile App eCheck-in**

Start the process by finding your Appointments on the home screen. Select the eCheck-in option for the upcoming appointment.

8:09 <b>-7</b> .11 5G	
MyChart	С
Appointment Scheduled	
G Mychart Dec 28	
Appointment Information: Visit Type:RETURNING PATIENT Dept: Baptist	)
View Message	
Dec ③ Arrive by 4:15 PM CST 30 Baptist Health Pain Management Clinic Fort Smith	
eCheck-In View Details	
Share Everywhere	
Give one-time access to your health information to any clinician with internet access.	ion
Learn More Dismiss	



Begin by updating your personal information, including address, phone number, sex, marital status, etc. Select "This information is correct" and Continue.

8:10 🔊 🖬 🖬 🖬	C eCheck-In Finish Later
C eCheck-In Finish La	ter Details About Me
Personal Info Insurance M	Preferred First Name (i) Not entered Legal Sex (i) Male Gender Identity Not entered
Verify Your Personal Information	Sex Assigned at Birth Not entered
Contact Information	Sexual Orientation Not entered
<ul> <li>Verification Needed         We need to verify that we can reach you at yo         email address.         Verify         101 hospital dr         LITTLE ROCK AR 72210         Going somewhere for a while? <u>Add a temporary address</u>         501-442-2448         [ 501-442-2448         [ Work phone not entered         [ micki.mitchell@baptist-health.org         ]         6         1         1         C         1</li></ul>	ur Marital Status Divorced Race Unknown Ethnicity Unknown Ethnic Background Not entered Language English Religion Unknown
Edit	This information is correct *
Details About Me	Finish later



Update guarantor, the person responsible for payments, and insurance information. Select "This information is correct" and Continue.

C eCheck-In Finish Later	C eCheck-In Finish Later	
Personal Info Insurance Medications	Insurance on File	
Responsibility for Payment	Health Advantage / Arhealth Health Adv Subscriber Name Tdr, Cadpb	
Tdr, Cadpb 101 hospital dr LITTLE ROCK AR 72210 501-442-2448	Subscriber Number XCH1234564842	
*We have this person on file to pay for costs not covered by insurance. Is this information correct? Yes No	Uploading images of your card now will help speed up the check-in process for your next visit.	
use insurance     Do not bill insurance	🖌 Update coverage	
Insurance on File	Remove coverage	
Health Advantage / Arhealth Health Adv Subscriber Name Tdr, Cadpb	+ Add a coverage	
Subscriber Number XCH1234564842	$\Box$ This information is correct *	
Add insurance card photos	Back Finish later	

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Pay co-payments or outstanding balances. Select other amount to make a partial payment on your balance. Enter your payment method and check the store for later use box to store your information. Continue to process payment and receive emailed receipt.

Insurance Payments Travel His	Make payments	How do you want to pay?
Make payments	Please select the amounts you wish to pay below. If you are unable to pay now, you can pay later.	We accept payments via the following credit car brands: VISA 👥 📃 🚃 🏩
Please select the amounts you wish to pay below.	Your Outstanding Physician Balances	Enter payment information
f you are unable to pay now, you can pay later.	Account #9095	
Your Outstanding Physician Balances	<b>\$232.00</b> (Amount due)	Add New Payment Method
Account #9095	Other amount	Name On Card
\$232.00 (Amount due)	\$2.00	
Other amount		Card Number
	Pay outstanding balances later	
Pay outstanding balances later		Exp Date (MM/YY)
	PAY \$2.00	C1/C
PAY \$0.00	BACK FINISH LATER	eve
nsurance Payments Travel Hist	Insurance Payments Travel Hist	
Vake payments	Male example	
	Make payments	
low do you want to pay?	You're almost done!	
low do you want to pay? We accept payments via the following credit card	You're almost done! Please verify that the information below is correct before processing your payment.	
Iow do you want to pay? We accept payments via the following credit card rands: IISA 👥 📑 📷 🔐	You're almost done! Please verify that the information below is correct before processing your payment. Payment amount \$2.00	
tow do you want to pay? We accept payments via the following credit card rands: MISA  Phil Labella  X1111	You're almost done! Please verify that the information below is correct before processing your payment. Payment amount \$2.00 Account #9095 \$2.00	
tow do you want to pay? We accept payments via the following credit card rands: VISA Phil Labella / X1111 exp. 09/2019 Security code DELETE	You're almost done!         Please verify that the information below is correct before processing your payment.         Payment amount         \$2.00         Account #9095       \$2.00         Payment method         Phil Labella         Exp. 99/2019	



Add any trips outside the country to be included in your records.

		C eCheck-In	Finish Later
		7	
Health	Issues	Travel History	Questionnair
(1)	New tra States In additio take a mo inside the	n to travel outside the oment to enter trips a United States.	tide the United ne United States, you've taken
Trips Please Nover	s outsid e update th mber 29, 2	le the state or he trips you have tak 021.	country ken since
You have no trips on file.			
+ Add a trip			
This information is correct			
	Back	( )	Finish later

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Update medications, preferred pharmacy, and allergies.





Complete any questionnaires related to your upcoming visit.

C eC	heck-In	Finish Later	C eCheck-In		-In Finish Later	
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alth Issues Travel	History	Questionnaires	alth Issues	Travel Histo	ory Questionnaires	
For an upcoming appointment on 12/30/2021 On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?		For an upcoming appointment on 12/30/2021 *Do you have any of the following new or worsening symptoms? Select all that apply.				
0 days		1 day	Abdominal pain		Bruising or bleeding	
2 days		3 days	Chills		Cough	
4 days		5 days	Diarrhea		Fatigue	
6 days		7 days	Fever		Joint pain	
Decline		Loss of smell		Loss of taste		
On average, how many minutes do you engage in exercise at this level?		Muscle pain		Rash		
0 min		10 min	Red eye		Runny nose	
20 min		30 min	Severe headache		Shortness of breath	
40 min		50 min	Sore throat		Vomiting	



Once complete, look for verification that you are finished. Bring your ID and insurance card to be saved to your record.

#### 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.