## Using MyChart eCheck-In

MyChart's **eCheck-In** allows you to verify and update patient information, sign documents and pay co-pays up to 30 days before your appointment. This saves you time and allows for limited-contact registration.

The instructions and images below are for use on your computer. Using **eCheck-In** on your phone or tablet is similar, however some of the images may look slightly different.

This tip sheet is for general use. You may not see all of the images below because you may have already completed them for another appointment. You will only receive the questions necessary for the appointment you are checking in for.

- 1. From the MyChart home page, you can access eCheck-In two ways:
  - While on the **home page**, scroll down to view your **upcoming appointments**. Click on **eCheck-In**, the box to the right of the appointment.



• Or from the **home page**, click on **Visits**. Then scroll down to view your **Upcoming Visits**. Click on the **eCheck-In** button to the right of the appointment.



2. Review your personal information. If you need to make a change, click on the **Edit** button below each section. Once you have made all of your edits or if your information is correct, click the **Next** button at the bottom.



3. Review your insurance list. If you need to make a change, click either **Update Coverage** or **Remove Coverage** and follow the instructions. If this information is correct, click the **Next** button at the bottom.

| Medicare / Medic                    | care   |                 |
|-------------------------------------|--|-----------------|
| Subscriber Name<br>Mychart, Dave    | Add insurance card photos  |                 |
| Subscriber<br>Number<br>1EG2TE8MK43 | Uploading images of your card now will help<br>speed up the check-in process for your next<br>visit. | + Add a coverag |
| 💉 Update cove                       | rage   |                 |
| <b>A</b>                            |  |                 |

4. Review each of the documents listed. Click on the Review and Sign box for each document. Your name will be automatically added to the signature line when you click inside the box. Once you have electronically signed the document, click on Accept and go to the next document. Once all are completed, click on Next.

|                         | <b>^</b>                             | h   | <i>e</i> .                                 | *                                     | 0  |                                     |
|-------------------------|--------------------------------------|---|--|---------------------------------------|--|-------------------------------------|
|                         | Insurance                            | Sign Documents                                  | Medications                                | Allergies                             | Health Issues                                      |                                     |
| Please review and add   | Iress the following                  | documents.                                      |  |                                       |  |                                     |
| E-Sig Consent Ger       | neral (English) F                    | PMG   | E-Sig li                                   | ndependent Co                         | ontractors (English)                               | ) [                                 |
| Not Signed Yet          |                                      |   | Not Sig                                    | ned Yet                               |  | Ŀ                                   |
|                         |                                      | Review and                                      | d sign                                     |                                       |  | Review and si                       |
| Once this step is comp  | leted, documents                     | will be submitted for                           | clinic review.                             |                                       |  |                                     |
|                         |                                      |   |  |                                       |  |                                     |
| i nere are additional d | ocuments which p<br>id and acknowled | rovide important info<br>ged for both in-person | rmation, guidelines<br>and telehealth vide | s and resources re<br>eo appointments | lated to your appointn<br>with your provider. Clie | nent. They are<br>ck here to review |
| equired to be reviewe   | a una acknowned                      |   |  |                                       |  |                                     |

| By signing this document, I acknowledge and agree that I have read this document, I<br>have had my questions answered to my satisfaction; and I understand and agree to the<br>content of this document.<br>Relationship to Patient |
|---|
| Patient: Guarantor (or Authorized Representative)   |
|   |
| Accept Cancel   |

Once you have reviewed and electronically signed all the documents, you will see a checkmark next to each document. When all documents have a checkmark, click **Next**.

| Please review and address the following documents.   |  |   |                      |
|--|--|---|----------------------|
| E-Sig Consent General (English) PMG<br>Signed on 10/31/2022  | Ē  | E-Sig Independent Contractors (English)   | Ē                    |
|  | Review   |   | Review               |
| Once this step is completed, documents will be submitt<br>There are additional documents which provide importa<br>required to be reviewed and acknowledged for both in-<br>these documents before your appointment so you are fe | ed for clinic rev<br>nt information,<br>person and tele<br>miliar with the | iew.<br>guidelines and resources related to your appointment. T<br>health video appointments with your provider. Click here<br>m. | hey are<br>to review |
| Next Back Finish later   |  |   |                      |

5. Choose if you will pay now or pay later for this appointment, then click **Next**.

| pay            | d sandes                |         |
|----------------|-------------------------|---------|
| Amount due     | a service.              | \$35.00 |
| Pay on arrival | u arrive for your visit |         |

6. Review your medication list and make any necessary edits. Once you have made all of your edits or if the information is correct, click the **Next** button at the bottom.

| aspirin 325 mg tablet<br>Ø Lean more                   | cephALEXin 500 mg capsule<br>Commonly known as: KEFLEX   | e |
|--|--|---|
| Take 325 mg by mouth every 4 hours as needed for Pain. | D Learn more   |   |
|  | Take 500 mg by mouth in the morning and 500 mg at noon<br>and 500 mg in the evening and 500 mg before bedtime. |   |
| Remove   | Remove   |   |
| isinopril. 10 mg tablet                                |  |   |
| D Learn more   |  |   |
| Take 1 tablet by mouth in the morning.                 |  |   |
| Remove   |  |   |
| + Report a medication                                  |  |   |
| lect a Pharmacy for This Visit                         |  |   |
| You have no<br>+ Au                                    | pharmacies on file.<br>Id a pharmacy   |   |

7. Review your allergies and make any necessary edits. Once you have made all of your edits or if the information is correct, click the **Next** button at the bottom.

| + Report an allergy                   |
|---------------------------------------|
| Allergies You Reported                |
| Penicillin<br>Hives<br>(j) Learn more |
| Remove                                |
| Next Back Finish later                |

8. Review your health issues and make any necessary edits. Once you have made all of your edits or if the information is correct, click the **Submit** button at the bottom.

| Ulcer<br>Added 8/25/2022<br>(i) Learn more | Gastroesophageal reflux disease<br>(CMS-HCC)<br>Added 9/2/2022<br>() Learn more | Ankle pain<br>Added 9/23/2022<br>(i) Learn more |
|--|---|---|
| Remove                                     | Remove  | Remove  |
| + Report a health issue                    |   |   |
| Submit Back Finish later                   |   |   |

 Now that eCheck-In has been completed, you will notice in your Visits tab, the eCheck-In image in the upper right corner of the appointment box. This indicates that you have finished the process.

| eCheck-In Complete   |   |
|--|---|
| Thanks for using eCheck-In!<br>The information you've submitted is now on file an<br>When you arrive for your appointment, please go<br>On the day of your appointment, you may need to<br>Make Payments<br>Sign Documents | nd will allow you to check-in faster.<br>• to the self- registration area.<br>complete the following: |
| OFFICE VISIT with Silvia Khalsa  | Rio Rancho Family Practice 4005 High Resoft Biod RIO RANCHO NM 81224-5908 505-462-6000                |
|  | Back to Visit Details   |
| Appointments and Visits  | Schedule an appointment   |

| Appointments and   | u visi                                 | .5  | Schedule an appointment  |
|--|--|---|--|
| Please review our revised<br>Presbyterian location must  | visitor  <br>t wear a                  | olicies link before you visit any of our locations. All pat<br>face mask during your entire visit, unless otherwise dir   | ients and approved family members visiting any<br>ected by a provider.   |
| The care that we provide to<br>that is provided outside of<br>maintenance reminders. Th<br>outside of an appointment | o you is<br>a provic<br>hese car<br>t. | locumented in your medical record and an After Visit Su<br>er appointment, such as care coordination by your care<br>e notes may appear as an appointment and include an A                      | mmary (AVS) is available to you. It may include care<br>team, planning for future visit, or health<br>VS. There is no charge for care that is provided   |
| ihow: Upcoming and Pas   | st 🖌                                   | More filter options   |  |
| Upcoming Visits  |  |   |  |
| Next 7 Days  | NOV<br>16<br>Wed                       | OFFICE VISIT with Silvia Khaita<br>Orrive by 805 AM MST<br>Satura its EVA MAI (50 minutes)<br>Rio Bancho Family Practice<br>4000 High Instead T28-5000<br>505-482-5000<br>\$35.00 Epected Copay | Section Sectio |
|  | 🗭 Res                                  | chedule appointment   |  |
|  | 🗙 Car                                  | cel appointment   |  |
|  |  |   |  |

MyChart customer service is available 24/7 at (505) 923-5590.



phs.org/mychart