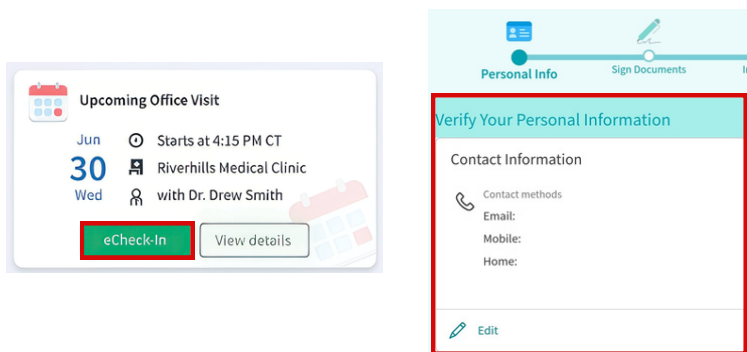


How to Complete the eCheck-In Process

The eCheck-In process allows you to verify your information, sign documents, and answer appointment-related questions before you arrive. This can help you save time once you arrive at the flu clinic.

To complete the eCheck-In process:

1. Login to MyChart. On your homepage, you should see the details of your upcoming appointment under the menu tiles. Select **eCheck-In** or **Get Ready**.
2. Under Verify Your Personal Information, review your contact information and additional details. Select **Next**.

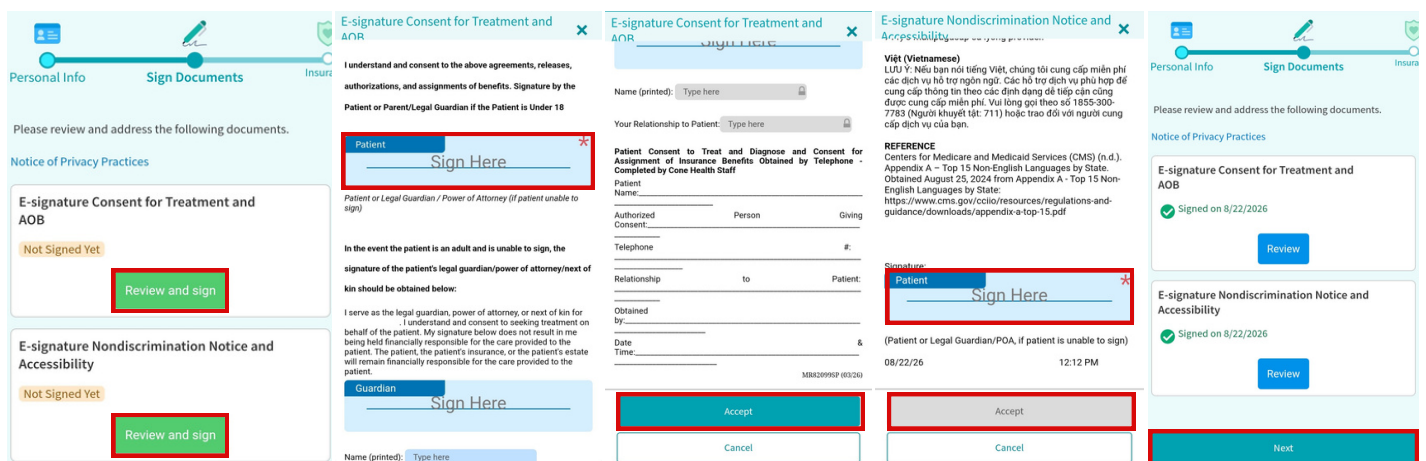


3. Select **Review and Sign** to provide an e-signature for the Consent for Treatment and AOB form and the Non-Discrimination Notice and Accessibility forms.

After reviewing each form, select **Sign Here** under Patient to add your e-signature. If you are under age 18, you will need an e-signature from your parent or legal guardian.

Once finished, select **Accept**.

Once both forms are signed, select **Next**.



How to Complete the eCheck-In Process

4. Confirm that the person listed is the person who will pay for costs that are not covered by insurance. If the information is correct, select **Yes**. If the information is not correct, select **No** and follow the required steps.

Select **Use Insurance** to pay for this appointment.

Review the **Insurance on File** and confirm whether the information listed is correct. If your insurance information is correct, select **Next** and skip to [page 5](#).

If you need to replace the photos of your insurance card, select Replace insurance card photos and follow the steps. Once finished, select **Next** and skip to [page 5](#).

If you need to add new insurance coverage to your account, select **Add a coverage** and continue to step 5.

The first screenshot shows the 'Responsibility for Payment' section. It includes a text box with contact information for Doe, Jane. Below it, a question asks if the person on file is correct, with 'Yes' and 'No' buttons. The 'Yes' button is highlighted with a red box. Another question asks if insurance should be used for the appointment, with 'Use insurance' and 'Do not bill insurance' buttons. The 'Use insurance' button is also highlighted with a red box.

The second screenshot shows the 'Insurance on file' section. It displays subscriber information for John Doe and a sample insurance card. At the bottom, there are buttons for 'Update coverage', 'Replace insurance card photos', and 'Remove coverage'. A red box highlights the '+ Add a coverage' button at the very bottom.

The third screenshot shows the bottom navigation bar with three buttons: 'Submit', 'Next', and 'Back'. The 'Next' button is highlighted with a red box. Above the buttons, there is a warning message: 'Submit your changes above before continuing'.

5. Select the Insurance field and then **select your insurance provider** from the list (for example, Aetna, Blue Cross Blue Shield, Cigna, etc.). If your insurance provider is not listed, select **Other** and type in the name of your provider in the text box underneath.

Add a coverage

* Indicates a required field.

Choose your insurance provider. If your insurance provider is not listed choose "Other".

The screenshot shows a dropdown menu labeled 'Insurance' with a red box around it. The selected option is 'Blue Cross Blue Shield'.

How to Complete the eCheck-In Process

Enter your **Member number** as listed on the front of your insurance ID card.

This number may be listed on your card as “Member Number”, “Identification Number”, “Member ID”, “Subscriber ID”, “Policy Number”, “Policy ID”, or simply “ID”. (If there is a separate Member ID and Subscriber ID on your card, enter the Member ID.)

Next, you will be asked whether you are the policy holder for your insurance.

If you **are** the policy holder, select **Yes** and skip to [page 4](#).

If you **are not** the policy holder, select **No** and continue with the steps below.

After selecting No in the previous step, additional fields will pop-up below under the heading Subscriber Information.

The Subscriber is the person who owns the policy, such as your parent or caregiver.

In the **Subscriber first name** field, enter the first name of the person who owns the policy.

In the **Subscriber last name** field, enter the last name of the person who owns the policy.

In the **Subscriber date of birth** field, enter the birth date of the person who owns the policy.

In the **Subscriber number** field, enter the Subscriber Number as listed on the front of your insurance ID card. If there is a separate Member ID and Subscriber ID on your card, enter the Subscriber ID. Otherwise, enter the same ID number that you entered previously.

Add a coverage

* Indicates a required field.

Choose your insurance provider. If your insurance provider is not listed choose "Other".

* Insurance

Blue Cross Blue Shield

* Member number

123456789

Add a coverage

* Indicates a required field.

Choose your insurance provider. If your insurance provider is not listed choose "Other".

* Insurance

Blue Cross Blue Shield

* Member number

123456789

* Are you the policy holder for this insurance?

Yes

No

Subscriber information

* Subscriber first name

John

* Subscriber last name

Doe

Subscriber date of birth

09/28/1980

Subscriber number

123456789

How to Complete the eCheck-In Process

Next, you will be asked to upload images of your insurance card.

Select **Add front** to upload an image of the front of your ID card, either by taking a photo or using an existing photo.

Select **Add back** to upload an image of the back of your ID card using the same process.

Finally, select **Submit**.

You should now have your insurance information listed under Insurance on File in your account.

Select **Next**.

Please upload images of your insurance card. ⓘ

 Add front

 Add back

 Blue Cross Blue Shield (front)

USA Insurance Company	PPO
ID: 5678 1234-A	PCP: Dr. Michael Jones
Mary A. Doe	PCP Telephone: (212) 234-5678
GRP: 2424-78787-WXZ	Rx Co-Pay: Generic \$15, Name Brand \$20
	ER URGENT \$100
	SPC \$35
	PCP SPC \$25

Remove

 Blue Cross Blue Shield (back)

www.usainsurancecompany.com

In Network Deductible/Coinsurance: \$800/10%
OON Deductible/Coinsurance: \$1200/20%

Prior approval is required for certain services, as described in your member documents.

ON-CALL NURSE LINE: 1-888-123-4567
MEMBER SERVICES: 1-888-246-7890
PROVIDERS CALL: 1-888-357-1234

Remove

Submit

Cancel

⚠ Submit your changes above before continuing

Next

Back

Finish later

How to Complete the eCheck-In Process

- Review your medications and select either **Taking as shown** or **Skip confirmation**.
- Review the list of pharmacies and select **Next, Continue,** or **Skip**.
- Review the list of current allergies and select **Add an allergy** to include additional allergies as needed. Once finished, select **Confirm** or **Skip**.
- Review the list of current health issues and select **Add a health issue** to include additional health issues as needed. Once finished, select **Confirm** or **Skip**.
- Review the list of trips you have taken and select **Add a trip** to include additional trips as needed. Once finished, select **Submit**.

Insurance Medications Pharmacy

Review medications and report changes to how you're taking them

Taking as shown

Skip confirmation Back

Medications Pharmacies Allergies

Which pharmacy would you like to use for this visit?

Select from the list below or find a new pharmacy. Medications prescribed during this visit will be sent to the pharmacy you select.

Pharmacies Allergies Health Issues

Have your allergies changed?

+ Add an allergy

Confirm

Skip Back

Allergies Health Issues Travel History

Have your health issues changed?

+ Add a health issue

Confirm

Skip Back

Trips Health Issues Travel History

Trips outside the country

Please update the trips you have taken since July 22, 2026. If you've visited multiple destinations, add each as a separate trip.

You have no trips on file.

+ Add a trip

Submit

Back Finish later

- You should now see the confirmation screen that says "You are ready to check in!"

You can exit from this screen by selecting the **X** in the upper right corner.

You are ready to check in!

Please register with the front desk receptionist to ensure we have a current copy of your insurance card and photo ID, obtain a signature for your visit and receive your co-payment. Thank you!

When you arrive, you will need to:

- Make Payments
- Scan Insurance Card
- Sign Documents
- Verify Emergency Contacts
- Make Copayment