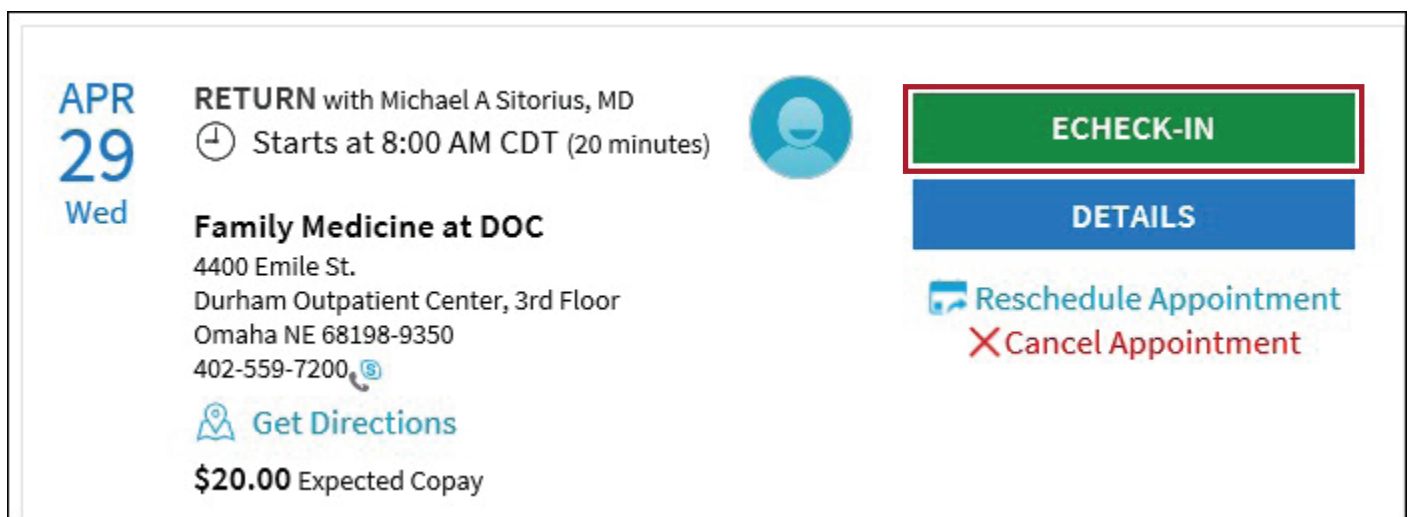# How to Check into a Health Care Visit Through eCheck-In

Speed up the check in process through eCheck-In. This lets you confirm your information, including insurance, medications, allergies and more. You will receive an email to complete the eCheck-In seven days before your scheduled health care visit. After you receive the email, you may follow the process below to check in before arriving for your appointment.

Step 1: In the **Appointments and Visits** section, select the **eCheck-In** button.
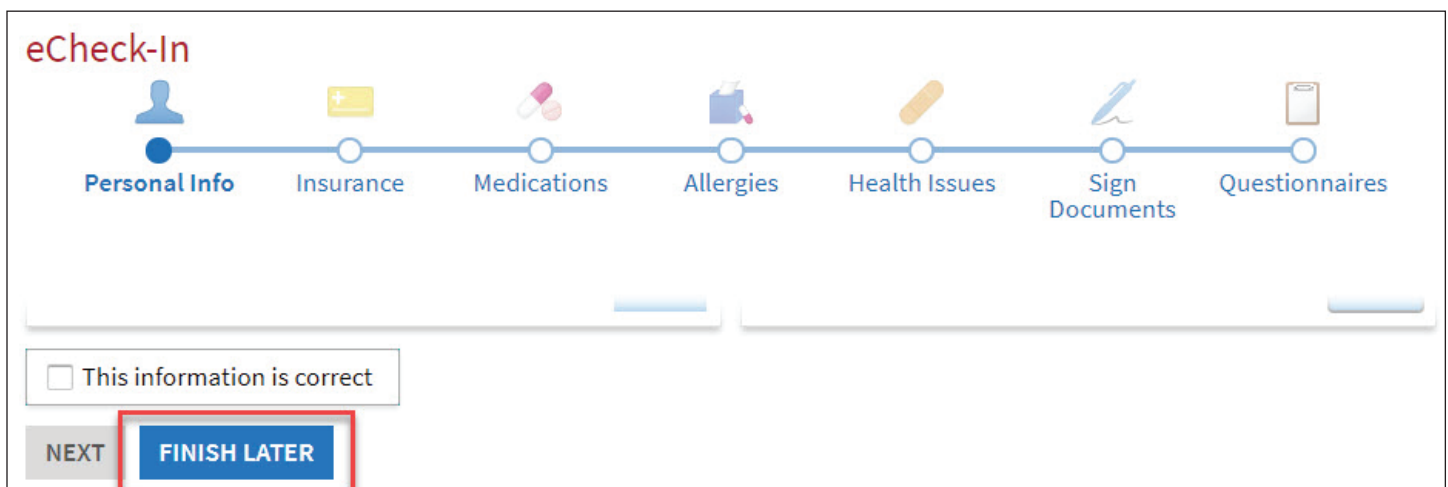
The eCheck-In toolbar will guide you through the following sections. The circle will fill in once the section is complete. You can stop at any time by selecting the **Finish Later** button at the bottom of each section.

How to Check Into a Health Care Visit Through eCheck-In

Step 2: To change your personal information simply click **Edit** and after the changes have been made, click the box next to **This information is correct**.

How to Check Into a Health Care Visit Through eCheck-In

Step 3: Select or confirm the responsible person to pay for medical costs. Add or change your insurance information. Then click the box next to **This information is correct**.

eCheck-In

Personal Info	Insurance	Medications	Allergies	Health Issues	Sign Documents	Questionnaires

Please review your insurance information that we have on file. If the information is incorrect or incomplete, click the appropriate button to make changes. If the information is correct, select the check box and continue.

Responsibility for Payment

Tulip, Caralee
1234 Main St
omaha NE 68134
402-651-5632

*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

You have no insurance on file.

＋ ADD A COVERAGE

☐ This information is correct

BACK	NEXT	FINISH LATER

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How to Check Into a Health Care Visit Through eCheck-In

Step 4: Check that your medications are listed correctly. You may remove or add new medications in this area. If your pharmacy is not listed, click **+ Add a pharmacy** to search for a pharmacy by name or ZIP code. Click the box next to **This information is correct** after the changes have been made and select **Next**.

cetirizine 5 mg tablet
Commonly known as: ZyrTEC
ⓘ Learn more

Take 1 tablet (5 mg total) by mouth 1 (one) time a day.

🗑 Remove

+ ADD A MEDICATION

Select a Pharmacy for This Visit

You have no pharmacies on file.
+ Add a pharmacy

☐ This information is correct

BACK   NEXT   FINISH LATER

Add a Pharmacy

Search for a pharmacy   near ZIP   ZIP Code 68198   🔍

How to Check Into a Health Care Visit Through eCheck-In

Step 5: Add or change any allergies you have. When you click **+Add an Allergy**, you will need to type in the allergy and then choose the reactions you have from the list of choices. If you do not find your reaction listed, you can enter your reaction in the **Comments** at the bottom. Click the box next to **This information is correct** after the changes have been made and select **Next**.

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

You have no allergies on file.

+ ADD AN ALLERGY

Allergies You've Asked to be Added

Codeine
Shortness Of Breath, Nausea
ⓘ Learn more

REMOVE

☐ This information is correct

BACK　**NEXT**　**FINISH LATER**

Add an Allergy

Enter details about your allergy below.

Name: Morphine ✎

Reactions:

| Anaphylaxis | Hives | Shortness Of Breath | Diarrhea |

| Itching | Photosensitivity | Nausea And Vomiting |

| Nausea | Swelling | Anxiety | Palpitations |

Numbness of lower limb | Aplastic anemia

| Metabolic acidosis | History Unknown | Rupture of tendon |

| See Comments |

Start date: [   ] 📅

Comments: [   ]

ACCEPT　**GO BACK**

Nebraska Medicine

How to Check Into a Health Care Visit Through eCheck-In

Step 6: Review health issues and check that the list is up to date. You can remove problems that are incorrect or add health issues. After the changes have been made, click the box next to **This information is correct** and go to the next step by selecting **Next**.

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

Blood thinned due to long-term anticoagulant use
Added 4/23/2019
ⓘ Learn more

REMOVE

➕ ADD A HEALTH ISSUE

☐ This information is correct

BACK   NEXT   FINISH LATER

Nebraska® Medicine

How to Check Into a Health Care Visit Through eCheck-In

Step 7: Any forms that are due to be signed will appear in this section. Click on the green button to **Review and Sign** the document.

eCheck-In

Insurance — Medications — Allergies — Health Issues — **Sign Documents**

Please review and address the following documents.

Notice of Privacy Practice
Not Signed Yet

REVIEW AND SIGN

NM Telehealth COT (ENG)
Not Signed Yet

REVIEW AND SIGN

Patients Rights and Responsibilites
Not Signed Yet

REVIEW AND SIGN

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

BACK   FINISH LATER   SUBMIT

7a: For some forms you will only need to click on the **Signature** box and your signed name will appear.

Patients Rights and Responsibilites

PATIENT RIGHTS AND RESPONSIBILITIES

Your Rights

You should expect to receive the following:

1. Respect
You should expect to be given the correct treatment for your problem by competent staff. They will honor your values and beliefs while you are being cared for. You can expect to be free of any type of abuse or exploitation while in the hospital.

2. Equal Consideration
without consent.

7. Hospital Policies and Rules
Patients have the right to know the hospital policies and rules. It is the patient's responsibility to follow the rules. These rules are found in the Guest Guide. Visitors also need to follow the rules. Please let your visitors know the hospital rules can be found in the Guest Guide.

I have read the Patient Rights and responsibilities

✐ Click to Sign

CONTINUE   CLEAR FORM   CANCEL

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How to Check Into a Health Care Visit Through eCheck-In

7b: The Conditions of Treatment document requires selections within the document for you to choose. Look for the red * for the things that needs to have a selection. The **Signature** field will be locked until all of these selections are made. Once it is open, you will use your mouse or your finger to draw your signature in the box.

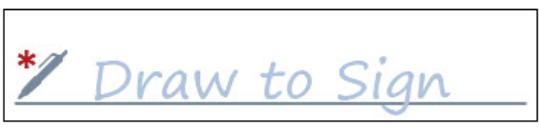## NM Telehealth COT (ENG)

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1. **CONSENT TO TREATMENT**
    As a patient of The Nebraska Medical Center and/or Bellevue Medical Center, each doing business as Nebraska Medicine ("The Organization(s)"), I agree, request, and authorize attending physicians, their assistants or designees, and/or allied health professionals to administer such treatment to the patient as is necessary. Necessary treatment includes but is not limited to services, care, diagnostic ~~procedures, medical treatments, pathology services, and radiology services as the physician(s) or other health care provider(s) deems~~

    I understand the elections I have made on this form and the consent I am attesting to is valid for a period of one year from the date of my signature unless sooner revoked by me in writing except for the elections related to Research and Electronic Health Information Exchange, which will remain valid unless and until I change my designation in the manner described above.

10. **I ACKNOWLEDGE RECEIPT OF THE HOSPITAL PATIENT RIGHTS AND RESPONSIBILITIES.**
    Please Click the link for *Patient Rights and Responsibilities*
    *
    - (●) **I have received the Patient rights and responsibilites.**
    - ( ) **I have received the Patient rights and responsibilties at a previous visit.**

    The undersigned certifies that he/she has read the foregoing, and as the patient, or as duly authorized signer on behalf of patient, is authorized to execute the above and accept its terms. A copy of this document will be provided to patient or signer upon request.

    *✐ _Draw to Sign_

    Signature Of Patient

    If patient is unable to sign, state reason: [   ]

    IT IS UNDERSTOOD THAT THIS AGREEMENT SHALL TAKE EFFECT UPON REGISTRATION EVEN THOUGH IT MAY BE SIGNED PRIOR THERE TO.
    NOTE: A COPY OF THIS AGREEMENT TO BE DELIVERED TO THE PATIENT UPON REQUEST. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS VALID AS THE ORIGINAL.

    [CONTINUE] [CLEAR FORM] [CANCEL]

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How to Check Into a Health Care Visit Through eCheck-In

7c: All documents that appear here must be signed before you can click the **Next** button.

Please review and address the following documents.

Notice of Privacy Practice	NM Telehealth COT (ENG)
✅ Signed on 7/16/2020	✅ Signed on 7/16/2020
REVIEW	REVIEW

Patients Rights and Responsibilites	
✅ Signed on 7/16/2020	
REVIEW	

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

BACK   NEXT   FINISH LATER

Step 8: A questionnaire must be filled out for some health care visits. Below are examples of questionnaires you might see. Select your answers.

Communicable Disease Screening

For an upcoming appointment with **ICC VIDEO VISIT PROVIDER** on 7/16/2020

* Indicates a required field.

* Do you have any of the following symptoms?
Select all that apply.

- None of these
- Abdominal pain
- Bruising or bleeding
- Chills
- Cough
- Diarrhea
- Fever
- Joint pain
- Loss of smell
- Loss of taste

* In the last month, have you been in contact with

Yes   No / Unsure

CONTINUE   FINISH LATER   CANCEL

Patient Medical History

Step 1 of 3

Please fill out the following information about your medical and surgical history. If you are not sure, please select "Yes" and add a comment. Your health care provider will review your answers during your next visit.

Medical History

Question	Response		If yes, when?	Comments
Do you have Allergies?	Yes	No		
Dementia	Yes	No		
Brain / spinal cord infection	Yes	No		

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How to Check Into a Health Care Visit Through eCheck-In

8a: At the end of the questionnaire you will be able to see all your answers and can click on the pencil icon to change any of your answers before you click the **Submit** button.

Communicable Disease Screening

For an upcoming appointment with **ICC VIDEO VISIT PROVIDER** on 7/16/2020

Please review your responses. To finish, click **Submit**. Or, click any question to modify an answer.

Question	Answer	
Do you have any of the following symptoms?	**Cough** **Joint pain**	✏️
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	**No / Unsure**	✏️

BACK   **SUBMIT**   **FINISH LATER**   **CANCEL**

Step 9: When you have completed all the steps of eCheck-In you will see the screen below or for some video visits, you will see the **Begin Video Visit** button.

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 proceed to the front desk upon arrival to complete your check-in.

When you arrive, you may need to:
- ☑️ Show Photo ID
- 💳 Scan Insurance Card
- ✏️ Sign Documents
- 📄 Complete Your MSPQ
- 👤 Verify Emergency Contacts
- ☑️ Show Implantible Device Card

BACK TO APPOINTMENT DETAILS

Appointment Details 🖨️

Thanks for using eCheck-In!
The information you've submitted is now on file.

👤 **MyChart ICC with ICC VIDEO VISIT PROVIDER**
🕐 Time to Be Determined

✖ Cancel Appointment

You're waiting for your video visit

BEGIN VIDEO VISIT

We'll let you know when your doctor is ready. When you receive this notification, click the Begin Video Visit button to get started.

Review your questionnaire answers below.
☑️ Communicable Disease Screening (Print)
Visit Instructions
Please be patient, you may have to wait for the provider to join the visit.
For support, please contact our customer service team at 402-559-0700.

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