

Virtual Office Visits

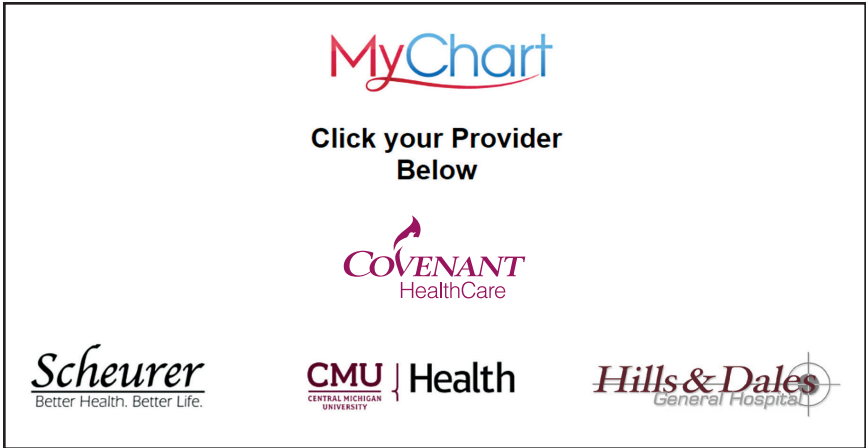
How to connect with your PC



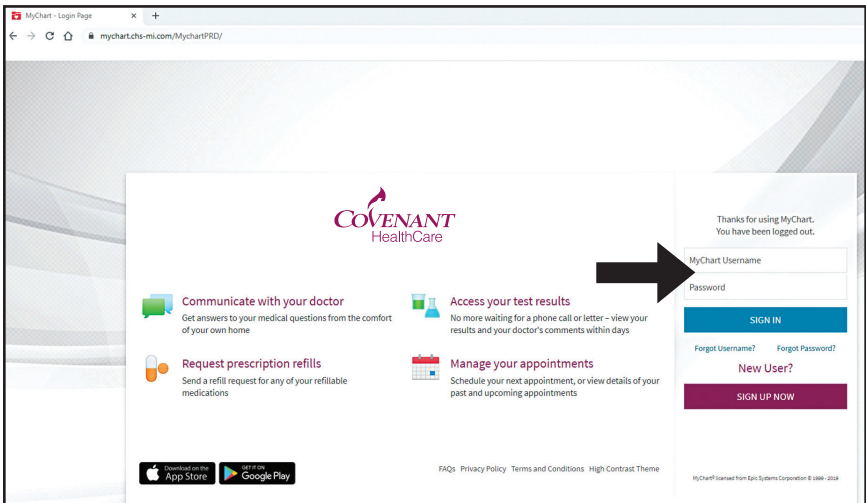

VirtualCare

How to Access Your Virtual Office Visit

- Go to *www.mychart.chs-mi.com/MyChart*.
- Click on your provider's organization.



- Log in to your MyChart account.
- *Please note: If you need assistance with this or with creating an account, please call your provider's office.*



- Once logged in, you will see your scheduled appointment on the home screen and a button for eCheck-In.
- Click the **eCheck-In** button.

To Do

Overdue health reminders

DTaP/Tdap/Td Vaccines
Overdue

Influenza Vaccine
Overdue

Virtual Visit with Physician Cov AMB, MD
Thursday April 09, 2020
Starts at 4:30 PM EDT

eCHECK-IN

April 2020						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

- Complete all of the steps for eCheck-In.
- Review your personal information. If changes are needed, click **Edit** to make the appropriate corrections.
- When the information is correct, check the box **This Information is Correct** and then click **Next**.

eCheck-In

Personal Info | Sign Documents | Medications | Allergies | Health Issues | Travel History | Questionnaires

Verify Your Personal Information

Contact Information

1000 N Harrison St
SAGINAW MI 48602
Going somewhere for a while?
[Add a Temporary Address](#)

🏠 Not entered
📱 Not entered
👤 Not entered
📧 Not entered

Details About Me

Legal Sex ¹
Male
Race
White or Caucasian
Ethnic Background
Not entered
Religion
Not entered

Marital Status
Married
Ethnicity
Not Hispanic or Latino
Language
English

This information is correct

NEXT **FINISH LATER**

[BACK TO THE HOME PAGE](#)

- Verify and/or add insurance Information by clicking **Update Coverage** to make changes or **Add a Coverage** to add new insurance.

eCheck-In

Personal Info Insurance Medications Allergies Health Issues Questionnaires

Responsibility for Payment

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

Use insurance Do not bill insurance

Insurance on File

Commercial Generic
Commercial Generic

Subscriber Name
Smith, Mary

Subscriber Number
123456zz

Group Number
123

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](#)

Covenant Employee ASR HMO
Asr Hmo Covenant

Subscriber Name
Smith, Mary

Subscriber Number
12365478

Member Number
123456

Group Number
123456

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](#)

[+ ADD A COVERAGE](#)

- Select the **Review and Sign** buttons.
- *Authorization for Medical Insurance Benefits and Consent/ Telemedicine* consent forms will pop up for you to read and sign.

eCheck-In

Personal Info Sign Documents Medications Allergies Health Issues Travel History Questionnaires

Please review and address the following documents.

eSign Authorization for Medical Insurance Benefits

Not Signed Yet

[REVIEW AND SIGN](#)

eSign Consent/Telemedicine

Not Signed Yet

[REVIEW AND SIGN](#)

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

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

[BACK TO THE HOME PAGE](#)

- Review each consent form.
- Then click in the **Click to Sign** signature blank to electronically sign the documents.
- When done, click **Continue**.

eSign Consent/Telemedicine

I acknowledge and agree that my personal and/or health information may be shared with the specialized provider and the specialized provider's workforce, third party payers, and other third parties and healthcare providers who may need this information for treatment, payment, or other healthcare operation purposes, such as coordination of my care. I authorize the release of any or all of my medical record to the specialized provider and his/her staff to perform the telemedicine visit. I have provided the names of my health insurance and/or companies that will be paying any part of my bill and give permission to provide them any or all of my medical record for payment purposes. I give the specialized provider permission to release any or all of my medical record to my provider to continue care and treatment.

I understand that I have the right to request that the telemedicine visit be discontinued at any time and for any reason.

Telemedicine visits are not intended for emergency conditions. If the specialized provider determines your condition is emergent the specialized provider will advise the local clinician to conclude the visit and to follow their site protocol for medical emergencies. In the event that the visit becomes emergent and I am not in a medical site, I will be advised to contact 9-1-1.

I know that I have the duty and I agree to pay for all of my care. Medical billing potentially will occur from the consulting practitioner and from the clinical presentation site, if applicable.

MEDICARE PATIENTS -- I have provided the correct information for Medicare to pay my bill. I am asking Medicare to pay for all approved care. I give permission to release any part of my medical record to Medicare and its workers.

I have been advised of the potential risks, consequences, and benefits of telemedicine, and have had the alternatives to a telemedicine consultation explained to me. I have had the opportunity to ask questions about the information presented on this form and the telemedicine consultation. All of my questions have been answered and I understand that I am choosing to participate in a telemedicine consultation.

 **Click to Sign** ←

If patient is unable to consent or is a minor, complete the following:

 **Click to Sign**

Patient is a Closest Relative/Legal Guardian

→ **CONTINUE** **CLEAR FORM** **CANCEL**

- Next, review your medications. Make updates by clicking **Add a Medication** or **Remove**.
- When the information is correct, check the box **This Information is Correct** and then click **Next**.

The screenshot shows the 'eCheck-In' process at the 'Medications' step. A progress bar at the top includes icons for Personal Info, Sign Documents, Medications, Allergies, Health Issues, Travel History, and Questionnaires. The 'Medications' step is currently active.

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

You have no medications on file.

+ ADD A MEDICATION ←

Medications You Asked to Be Added
Medications will not be added until your provider reviews them in a future visit.

A-25 PO
Learn more

Remove ←

Select a Pharmacy for This Visit

You have no pharmacies on file.
+ Add a pharmacy

This information is correct ←

→ **NEXT** **FINISH LATER**

- Review your allergies. Add any allergies that aren't listed by clicking **Add an Allergy**.
- When the information is correct, check the box **This Information is Correct** and then click **Next**.

eCheck-In

Personal Info Sign Documents 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.**

Nutrient Anaphylaxis
Added 11/20/2019
[Learn more](#)

+ ADD AN ALLERGY

This information is correct

NEXT FINISH LATER

BACK TO THE HOME PAGE

- Review your health issues. Add any issues not listed by clicking **Add a Health Issue**.
- When the information is correct, check the box **This Information is Correct** and then click **Next**.

eCheck-In

Personal Info Sign Documents Medications Allergies **Health Issues** Travel History Questionnaires

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

Pneumonia
Added 8/3/2017
[Learn more](#)

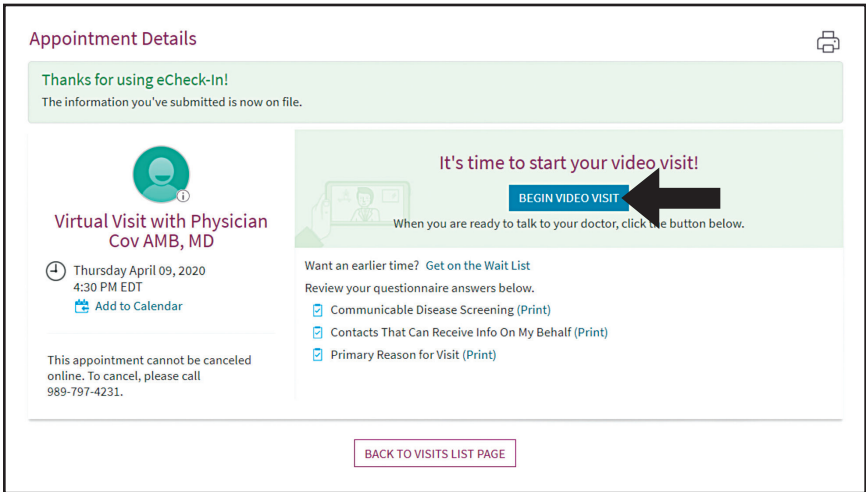
+ ADD A HEALTH ISSUE

This information is correct

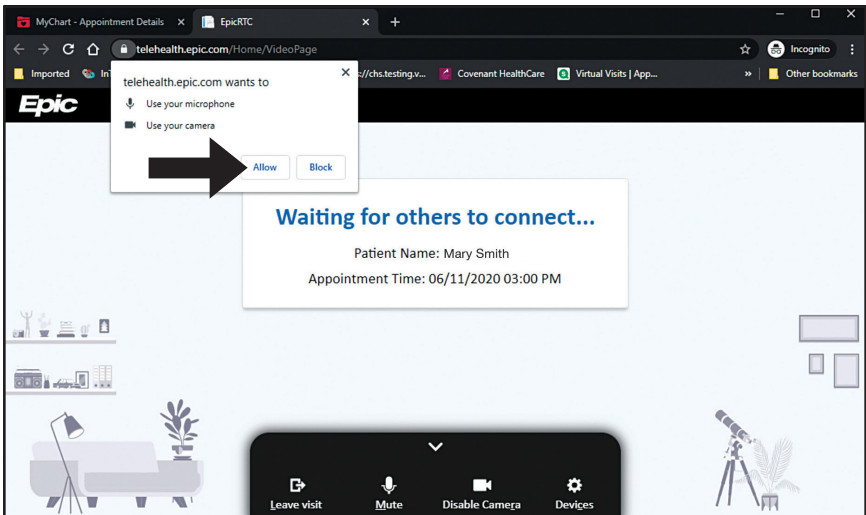
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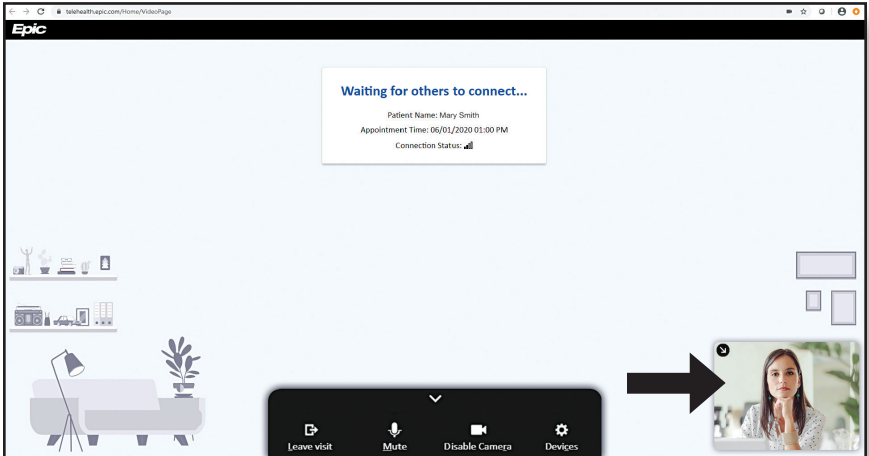
- Your eCheck-In is now complete.
- Click the **BLUE Begin Video Visit** button to start your doctor visit. *Please note: Access to begin visit will only be available starting one hour before scheduled appointment.*



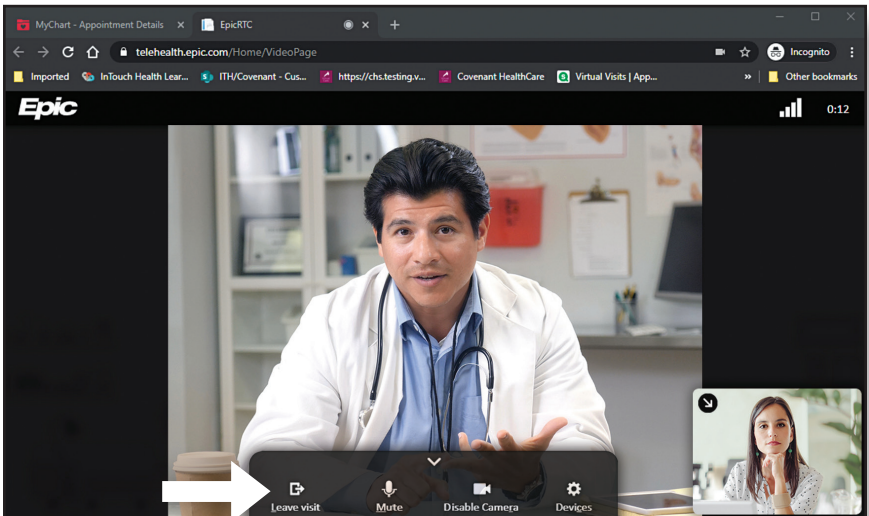
- After you click the **Begin Video Visit** button, a new window will open asking for access to your microphone and camera.
- Please press **Allow**.



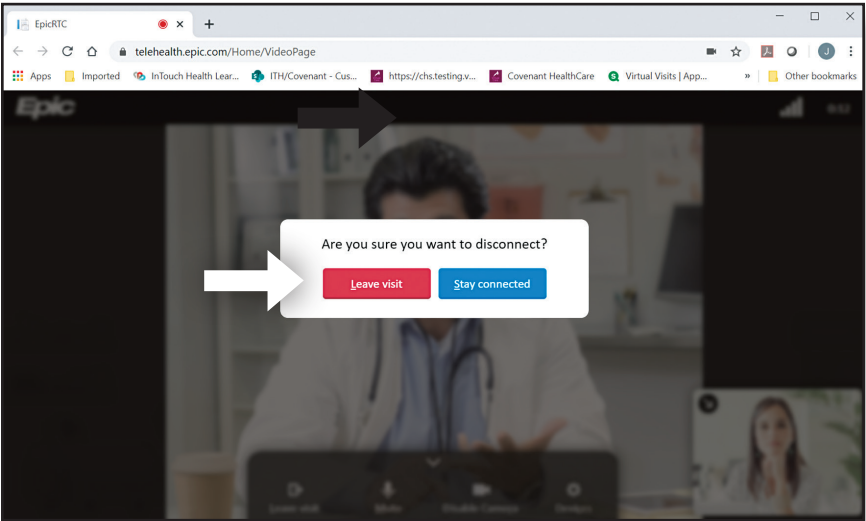
- After you click **Allow**, you will enter the virtual waiting room.
- You will wait there for your provider to join you.
- If your camera is working properly, you will be able to see yourself in the lower right corner window on your screen.



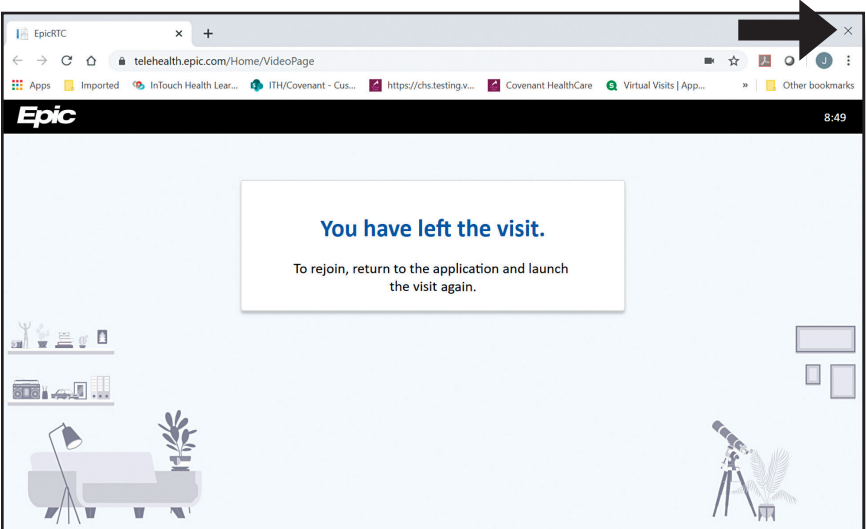
- Your provider will review your information before joining your visit.
- When your provider appears in the large window on your screen you can proceed with your virtual office visit.
- When your visit is over, please click **Leave Visit**.



- Once you click **Leave Visit**, please confirm that you want to leave by clicking the **RED Leave Visit** button.



- When you are finished with your visit, close the window by clicking the **X** in the upper right corner.



If you are having issues logging in or completing any of the check-in process, please call your provider's officer for further instruction.



Thank you for your visit. It is our goal for you to have a positive and productive virtual visit experience.





Extraordinary care for every generation.

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