

Checking in for Your Appointment Using MyChart



AT THE FOREFRONT

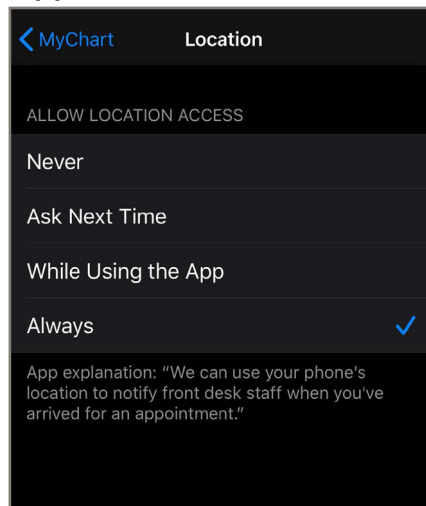
**UChicago
Medicine**

This guide will introduce you to the eCheck-In and Hello Patient features available through MyChart and how to use them for your appointments.

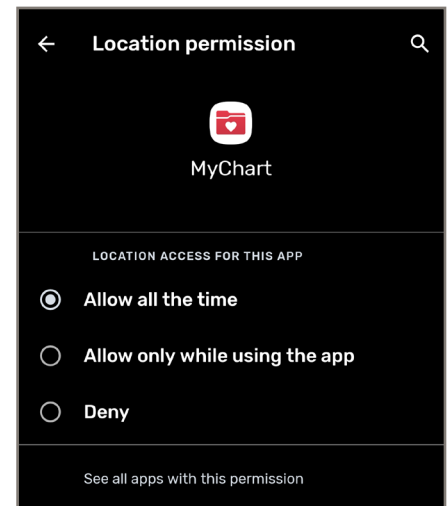
By using eCheck-In and Hello Patient, you can save time by completing the registration and check-in process before your appointment.

1. To use eCheck-In, you will first need to adjust a few settings on your phone. Once this is done, you will not need to do it each time you check in. Using your phone's settings, check that the MyChart app is set to "Always" allow location services.

Apple



Android



How to turn Location Services on:

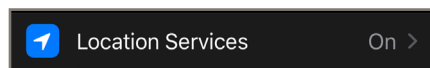
Apple



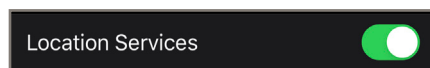
- a. From your home screen, open the "Settings" app on your iPhone



- b. Click "Privacy"



- c. Click "Location Services"

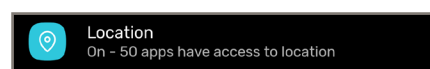


- d. Be sure the "Location Services" switch is set to "On"

Android



- a. From your home screen, open the "Settings" app on your phone



- b. Click "Location"



- c. Be sure the "Location" switch is set to "On"

Please note:

The smartphone icons and menus shown may be different on your smartphone. See your phone's instructions for phone settings and support.

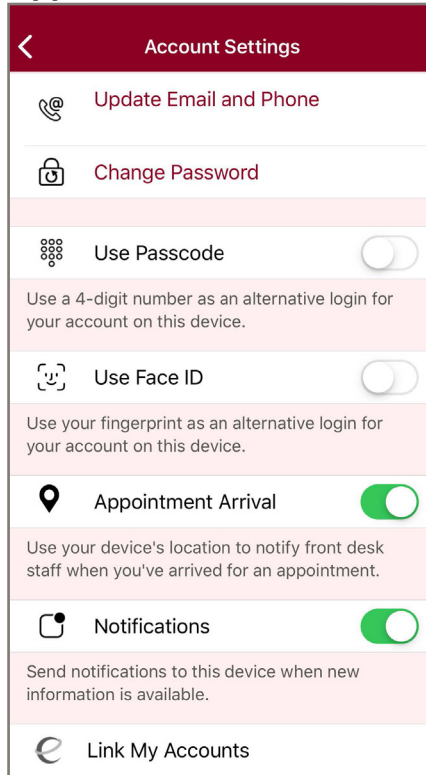
Location Settings Support:

Apple: <https://support.apple.com/en-us/HT207092>

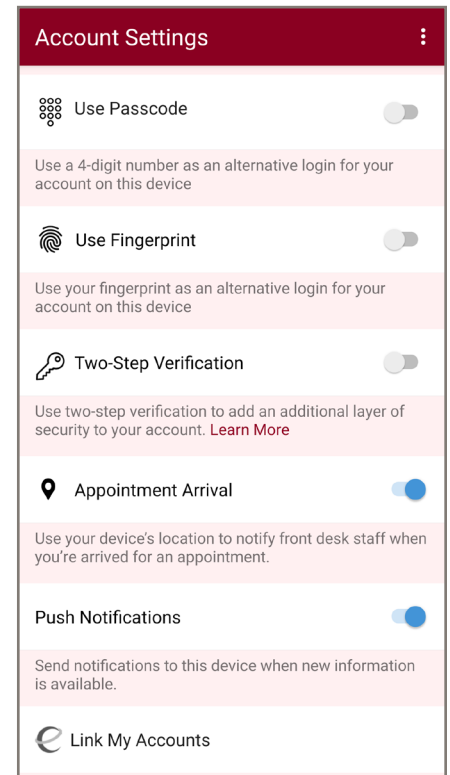
Google (Android): <https://support.google.com/accounts/topic/7189122>

- Open the MyChart app and go to Settings. Be sure that “Appointment Arrival” is turned on.

Apple

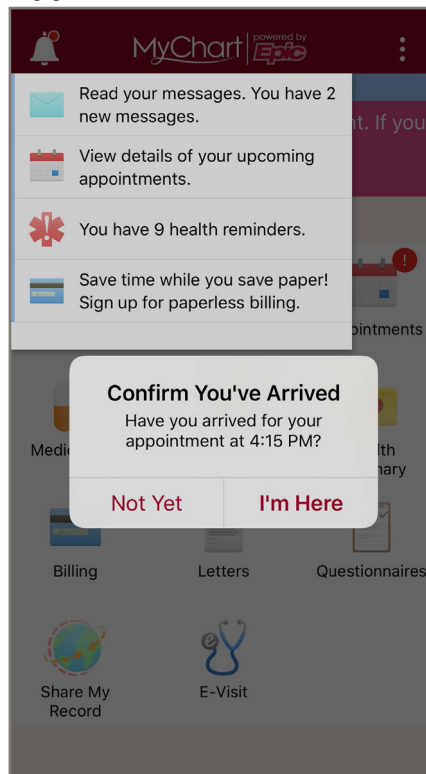


Android

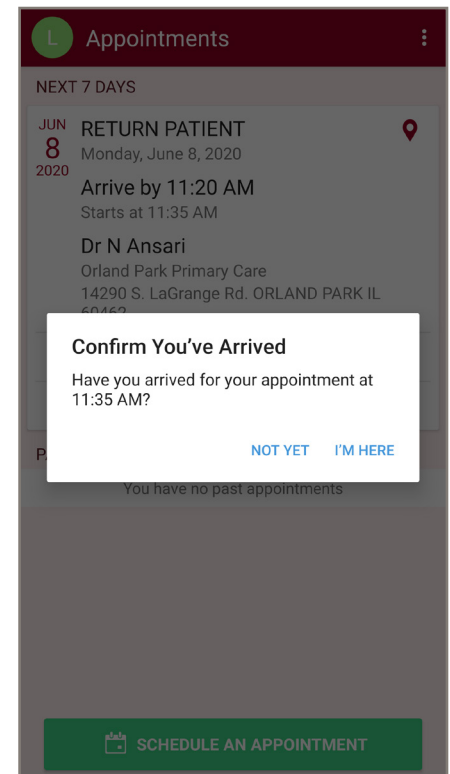


- The MyChart app will give you a pop-up notification to “Confirm You’ve Arrived.” This will happen when you are within 300 feet of your appointment location and it is 30 minutes before your appointment time.

Apple

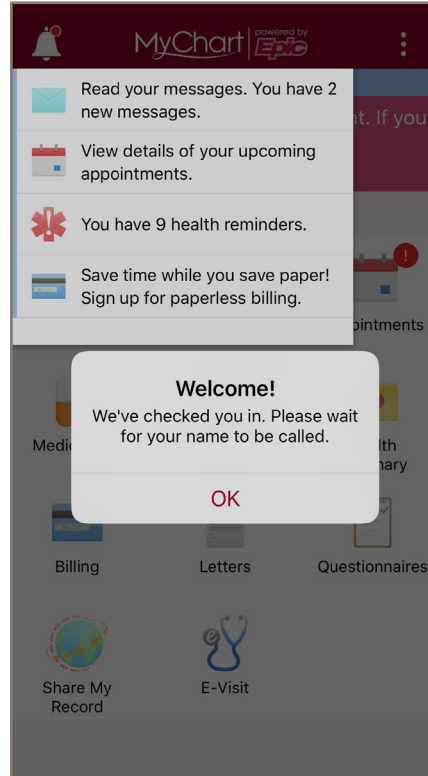


Android

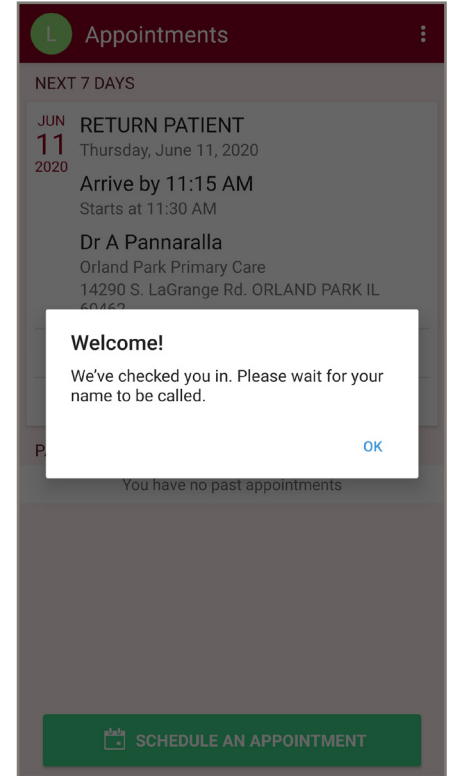


4. If you are pre-registered, through Pre-Appointment Services or by completing your eCheck-In on MyChart, you will be automatically checked in and can have a seat in the waiting area. The clinic staff will bring you back to the exam room when it's time for your appointment.

Apple

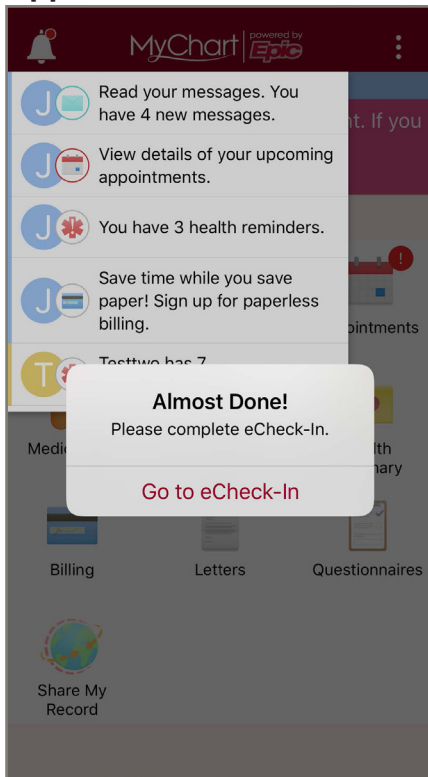


Android

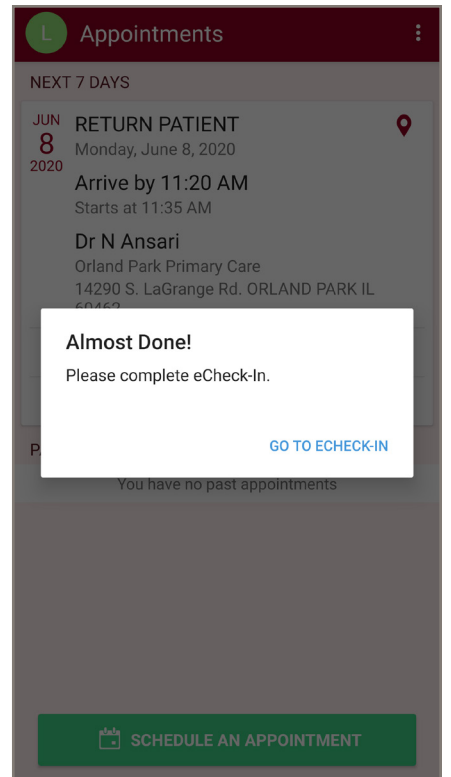


5. If you are not registered, you will need to complete your eCheck-In using the MyChart app.

Apple

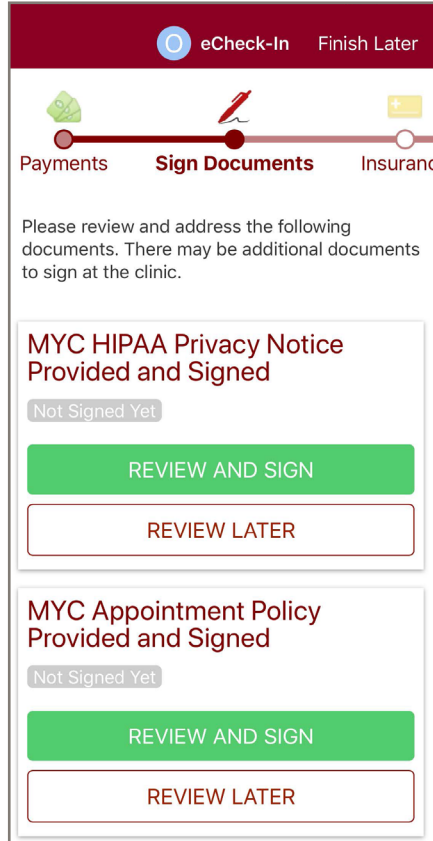


Android



6. Depending on the items still needed to complete your pre-registration, you may be asked to sign other documents to complete your registration.

Apple



eCheck-In Finish Later

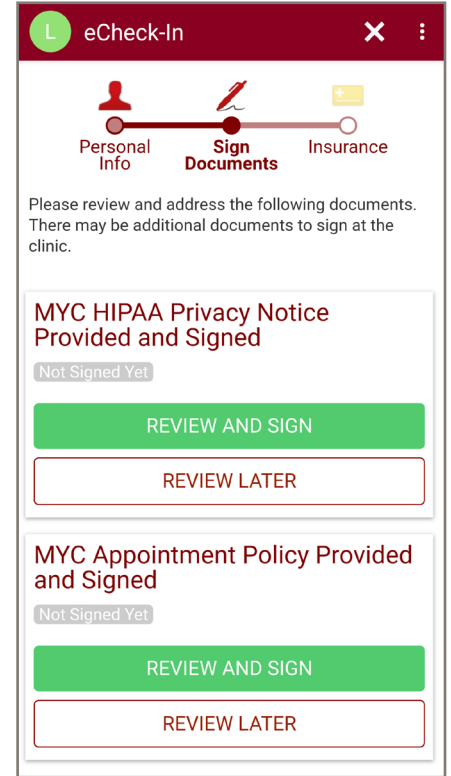
Payments Sign Documents Insurance

Please review and address the following documents. There may be additional documents to sign at the clinic.

MYC HIPAA Privacy Notice Provided and Signed
Not Signed Yet
REVIEW AND SIGN
REVIEW LATER

MYC Appointment Policy Provided and Signed
Not Signed Yet
REVIEW AND SIGN
REVIEW LATER

Android



eCheck-In

Personal Info Sign Documents Insurance

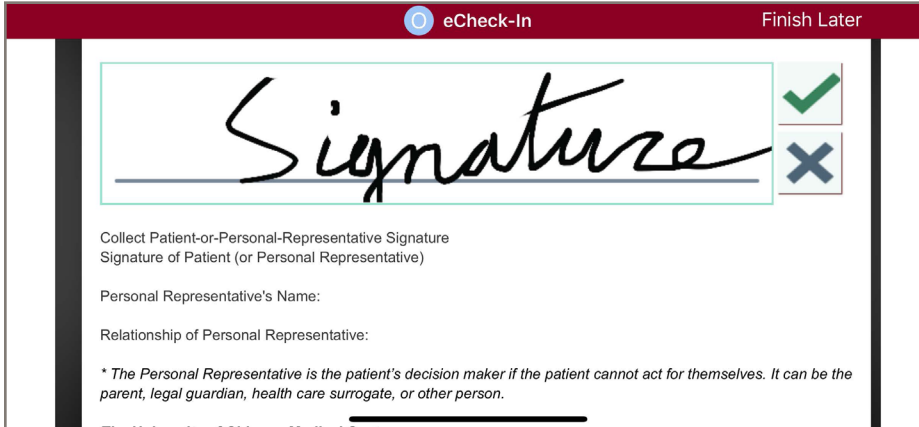
Please review and address the following documents. There may be additional documents to sign at the clinic.

MYC HIPAA Privacy Notice Provided and Signed
Not Signed Yet
REVIEW AND SIGN
REVIEW LATER

MYC Appointment Policy Provided and Signed
Not Signed Yet
REVIEW AND SIGN
REVIEW LATER

7. The documents can be signed and submitted on-screen.

Apple



eCheck-In Finish Later

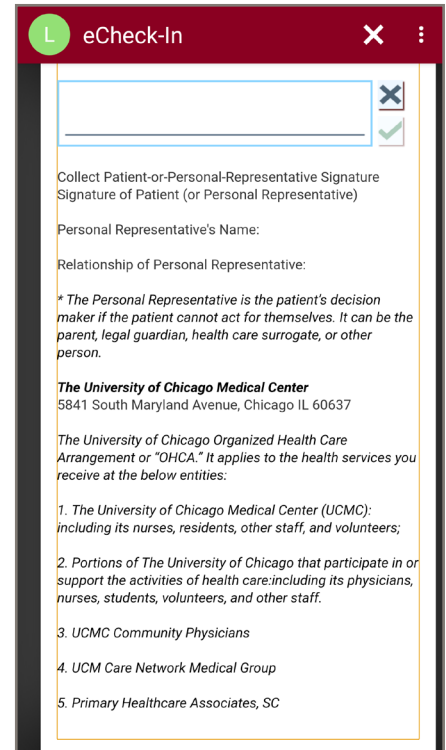
Collect Patient-or-Personal-Representative Signature
Signature of Patient (or Personal Representative)

Personal Representative's Name:

Relationship of Personal Representative:

* The Personal Representative is the patient's decision maker if the patient cannot act for themselves. It can be the parent, legal guardian, health care surrogate, or other person.

Android



eCheck-In

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The University of Chicago Medical Center
5841 South Maryland Avenue, Chicago IL 60637

The University of Chicago Organized Health Care Arrangement or "OHCA." It applies to the health services you receive at the below entities:

1. The University of Chicago Medical Center (UCMC): including its nurses, residents, other staff, and volunteers;
2. Portions of The University of Chicago that participate in or support the activities of health care: including its physicians, nurses, students, volunteers, and other staff.
3. UCMC Community Physicians
4. UCM Care Network Medical Group
5. Primary Healthcare Associates, SC

8. You may be asked to confirm who is responsible for payment and enter any necessary registration information.

Apple

eCheck-In Finish Later

Sign Documents Insurance Medication

Responsibility for Payment

Cadence, Obgdcam
7955 s cass ave
PLAINFIELD IL 60585
123-456-1237

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

Android

eCheck-In

Personal Info Sign Documents Insurance

Responsibility for Payment

Cbistest, Logic
123 Testing Ave
CHICAGO IL 60611
231-527-5800

*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

9. You can add, remove or update insurance information.

Apple

eCheck-In Finish Later

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

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

Insurance*

SUBMIT

Done

Aetna
Blue Cross/Blue Shield of Illinois
Cigna

Android

eCheck-In

Insurance on File

You have no insurance on file.

Add a coverage

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

*Indicates a required field

Insurance*

SUBMIT

CANCEL

This information is correct*

BACK

FINISH LATER

- ▶ 10. You can upload an image of your insurance card.

Apple

eCheck-In Finish Later

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

Insurance*
Blue Cross/Blue Shield of Illinois

Member Number*
12344

Group Number

Are you the policy holder for this insurance?*

Yes No

Please upload images of your insurance card. ⓘ

ADD FRONT

Take Photo

Photo Library

Browse

Cancel

Android

eCheck-In X ⋮

* Medicaid HMO

Member Number
*123

Group Number

*Are you the policy holder for this insurance?

Choose a file

Take new photo

Select existing photo

Select existing document

CANCEL

SUBMIT

CANCEL