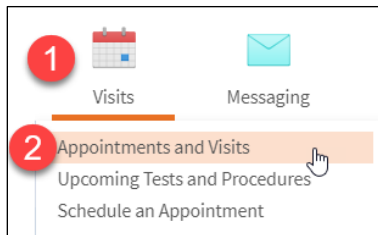


## MyAspirus eCheck-In Workflow

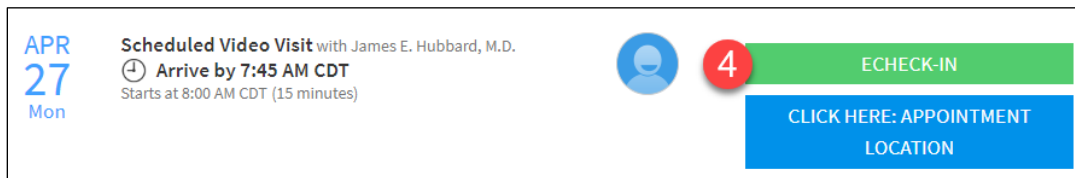
Patients need to eCheck-In for their scheduled video visits. Utilize the workflow below to help guide patients through the check-in process if they have questions.

### Try It Out –

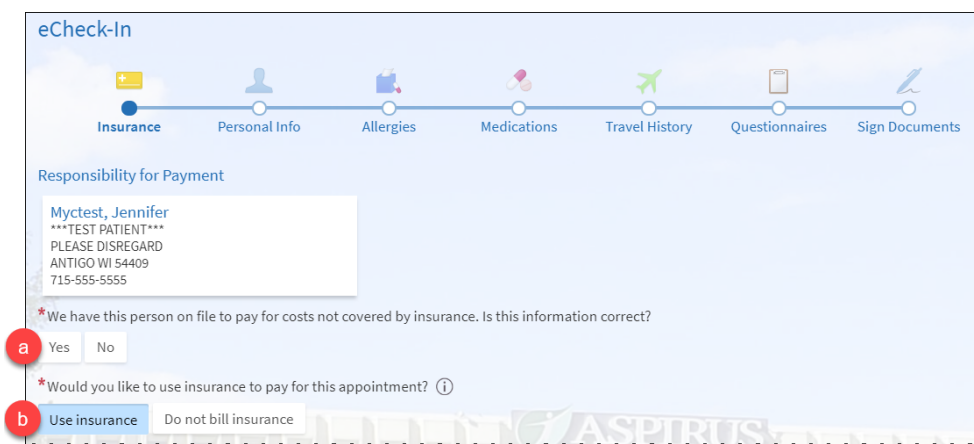
1. Hover over **Visits**.
2. Click **Appointments and Visits**.

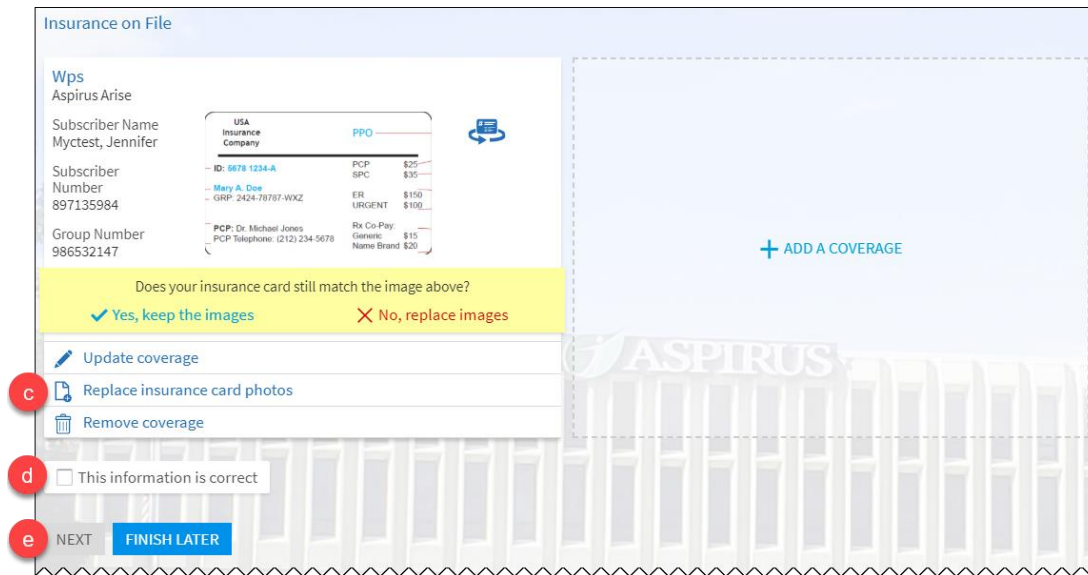


3. Find the Scheduled Video Visit with the appropriate date, time, and provider.  
**Note:** eCheck-in is only available the day of the appointment for Scheduled Video Visits.
4. Click **ECHECK-IN**.



5. **Insurance:** The patient needs to verify the following information regarding insurance.
  - a. Who is responsible for covering costs not covered by insurance.
  - b. If they would like to use insurance for the appointment.
  - c. Verify current insurance coverage. If the insurance coverage is not correct the patient can add a coverage, update coverage, replace insurance card photos, and remove coverage.
  - d. Check the box for **This information is correct**.
  - e. Click **Next** (the box will turn green once step d is complete).





**Insurance on File**

Wps  
Aspirus Arise

Subscriber Name  
Mycstest, Jennifer

Subscriber Number  
897135984

Group Number  
986532147

USA Insurance Company		PPO
ID: 8678 1234-A	PCP: \$25	\$35
Mary A. Doe	ER: \$150	
GRP: 2424-78787-WXZ	URGENT: \$100	
PCP: Dr. Michael Jones	Rx Co-Pay: \$15	
PCP Telephone: (212) 234-5678	Generic Name Brand: \$20	

Does your insurance card still match the image above?

☒ Yes, keep the images ☐ No, replace images

[Update coverage](#)

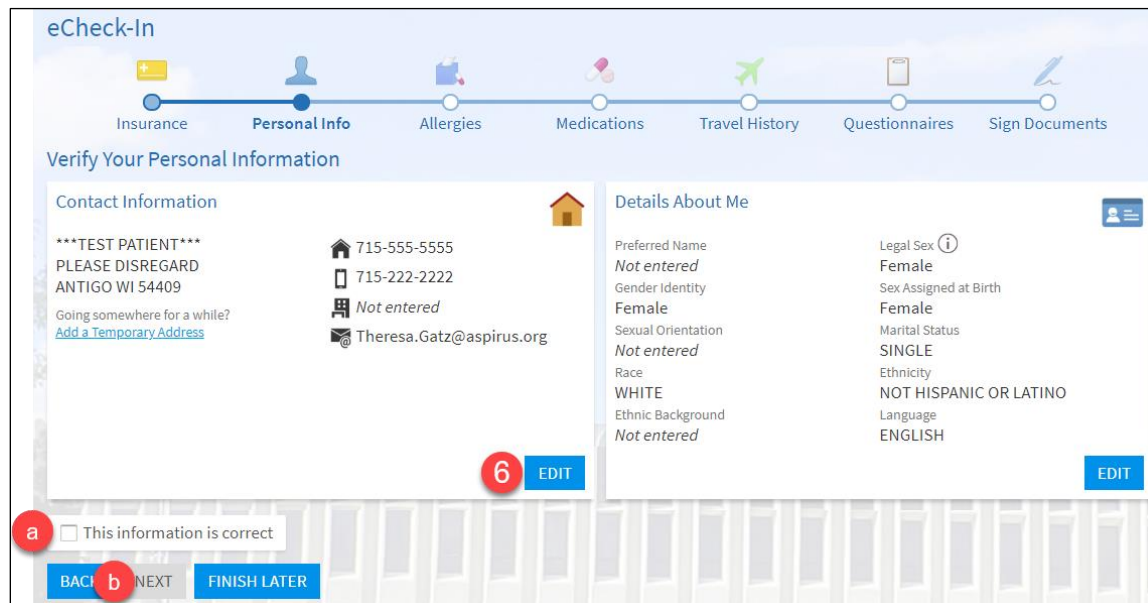
[Replace insurance card photos](#)

[Remove coverage](#)

☐ This information is correct

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

6. **Personal Info:** Edit any of the following information – address, phone, email, preferred name, race, marital status, gender, language, and more.
  - a. Check the box for **This information is correct**.
  - b. Click **Next**.



**eCheck-In**

Insurance Personal Info Allergies Medications Travel History Questionnaires Sign Documents

**Verify Your Personal Information**

**Contact Information**

\*\*\*TEST PATIENT\*\*\*  
PLEASE DISREGARD  
ANTIGO WI 54409

Going somewhere for a while?  
[Add a Temporary Address](#)

715-555-5555  
715-222-2222  
Not entered  
Theresa.Gatz@aspirus.org

**6** [EDIT](#)

**Details About Me**


Preferred Name  
Not entered

Gender Identity  
Female

Sexual Orientation  
Not entered

Race  
WHITE

Ethnic Background  
Not entered

Legal Sex   
Female

Sex Assigned at Birth  
Female

Marital Status  
SINGLE

Ethnicity  
NOT HISPANIC OR LATINO

Language  
ENGLISH

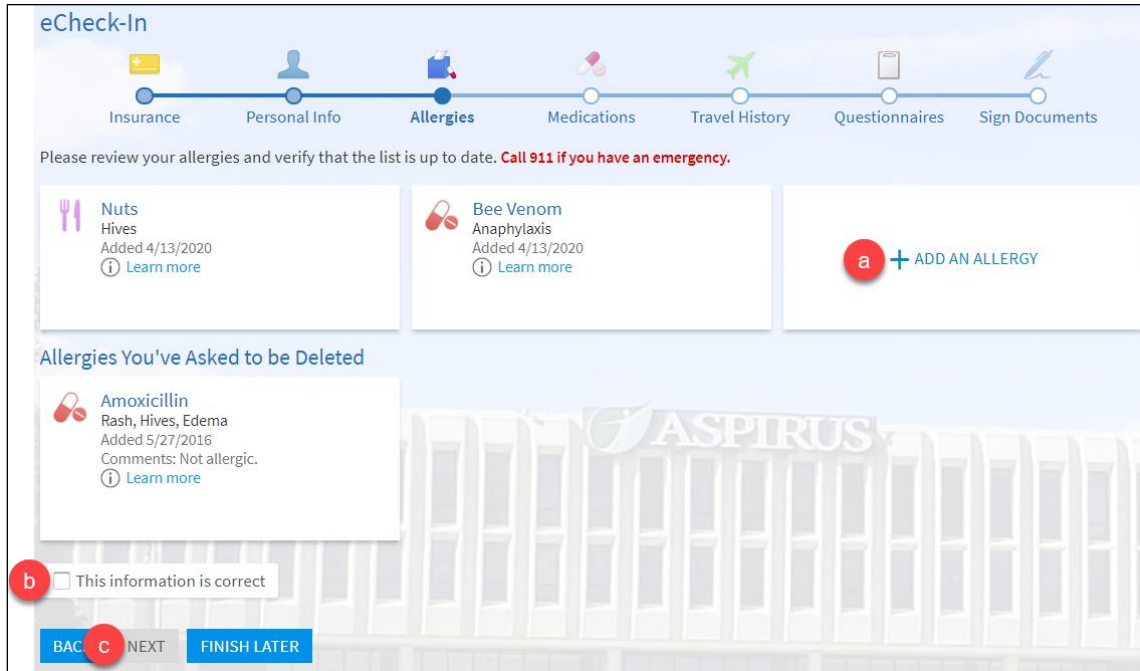
[EDIT](#)

☐ This information is correct

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

## 7. **Allergies:** Review current allergies.

- Add an Allergy if needed. Patient will search for an allergy and then be prompted to fill out their reaction, start date, and enter any comments before clicking Accept.
- Check the box for **This information is correct**.
- Click **Next**.



**eCheck-In**

Insurance Personal Info **Allergies** Medications Travel History Questionnaires Sign Documents

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

**Nuts**  
Hives  
Added 4/13/2020  
[Learn more](#)

**Bee Venom**  
Anaphylaxis  
Added 4/13/2020  
[Learn more](#)

**+ ADD AN ALLERGY**

**Allergies You've Asked to be Deleted**

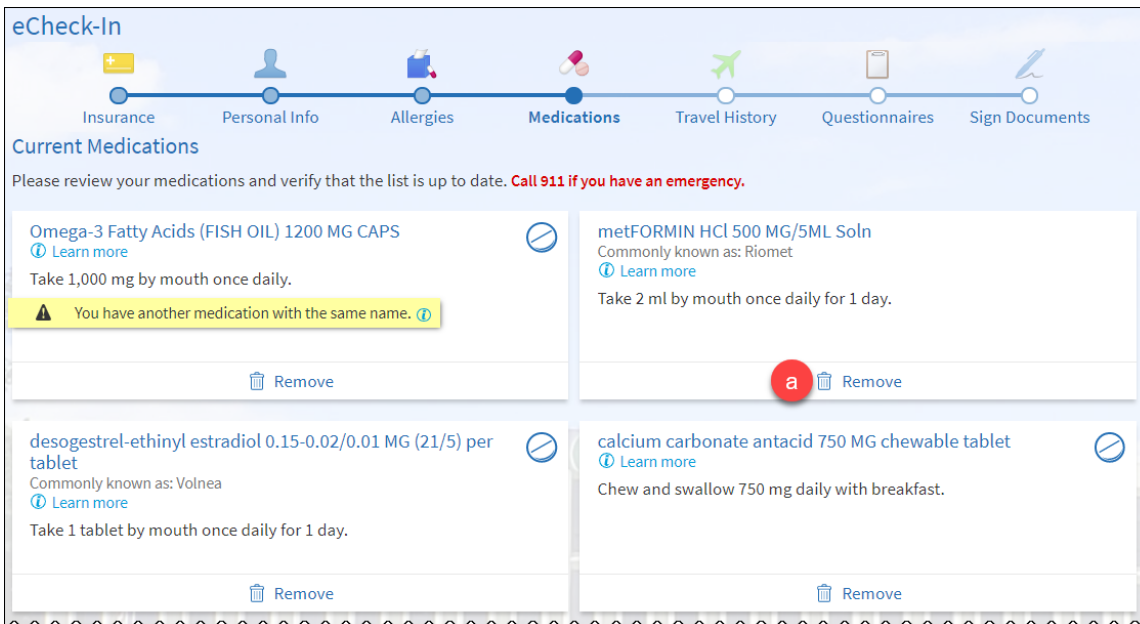
**Amoxicillin**  
Rash, Hives, Edema  
Added 5/27/2016  
Comments: Not allergic.  
[Learn more](#)

☐ This information is correct

**BAC** **c** **NEXT** **FINISH LATER**

## 8. **Medications:** Review current medications and verify that the list is up to date.

- Remove any medications that are no longer current.



**eCheck-In**

Insurance Personal Info Allergies **Medications** Travel History Questionnaires Sign Documents

**Current Medications**

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

**Omega-3 Fatty Acids (FISH OIL) 1200 MG CAPS**  
[Learn more](#)  
Take 1,000 mg by mouth once daily.

**metFORMIN HCl 500 MG/5ML Soln**  
Commonly known as: Riomet  
[Learn more](#)  
Take 2 ml by mouth once daily for 1 day.

**desogestrel-ethinyl estradiol 0.15-0.02/0.01 MG (21/5) per tablet**  
Commonly known as: Volnea  
[Learn more](#)  
Take 1 tablet by mouth once daily for 1 day.

**calcium carbonate antacid 750 MG chewable tablet**  
[Learn more](#)  
Chew and swallow 750 mg daily with breakfast.

**You have another medication with the same name.**

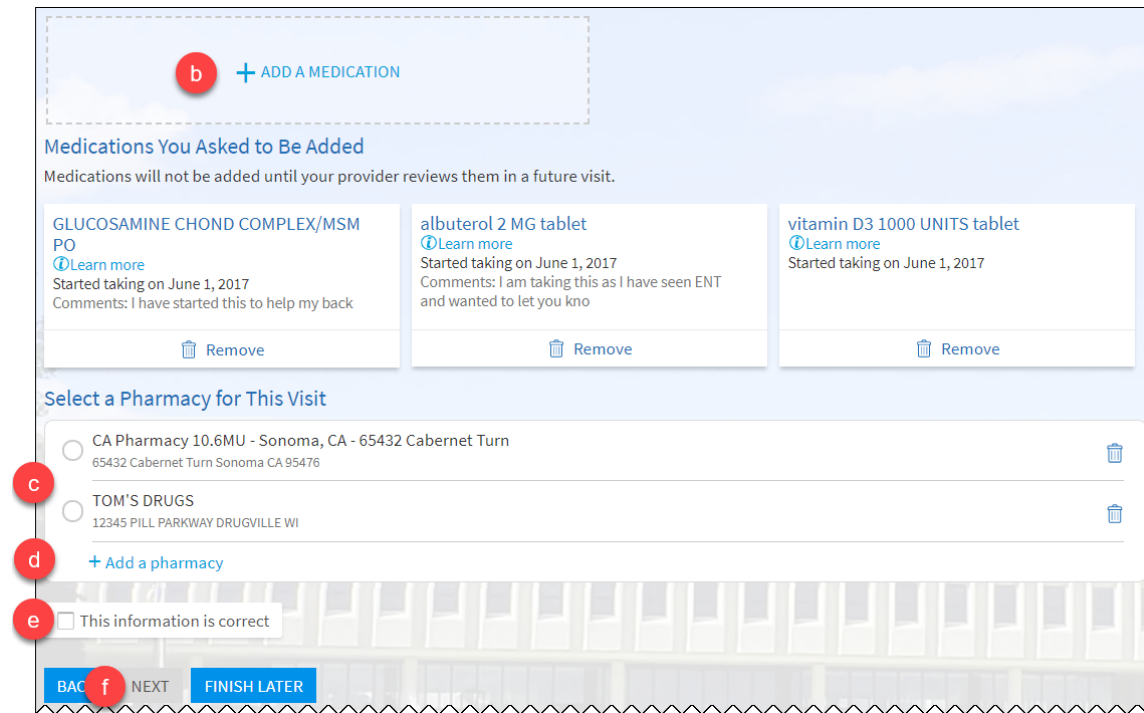
**Remove**

**a** **Remove**

**Remove**

**Remove**

- b. Add a Medication (if necessary).
- c. Select a pharmacy.
- d. Add a pharmacy (if necessary).
- e. Check the box for **This information is correct**.
- f. Click **Next**.



**b** + ADD A MEDICATION

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

<b>GLUCOSAMINE CHOND COMPLEX/MSM PO</b> <a href="#">Learn more</a> Started taking on June 1, 2017 Comments: I have started this to help my back Remove	<b>albuterol 2 MG tablet</b> <a href="#">Learn more</a> Started taking on June 1, 2017 Comments: I am taking this as I have seen ENT and wanted to let you know Remove	<b>vitamin D3 1000 UNITS tablet</b> <a href="#">Learn more</a> Started taking on June 1, 2017 Remove
--	--	---

**Select a Pharmacy for This Visit**

**c** ☐ CA Pharmacy 10.6MU - Sonoma, CA - 65432 Cabernet Turn  
65432 Cabernet Turn Sonoma CA 95476

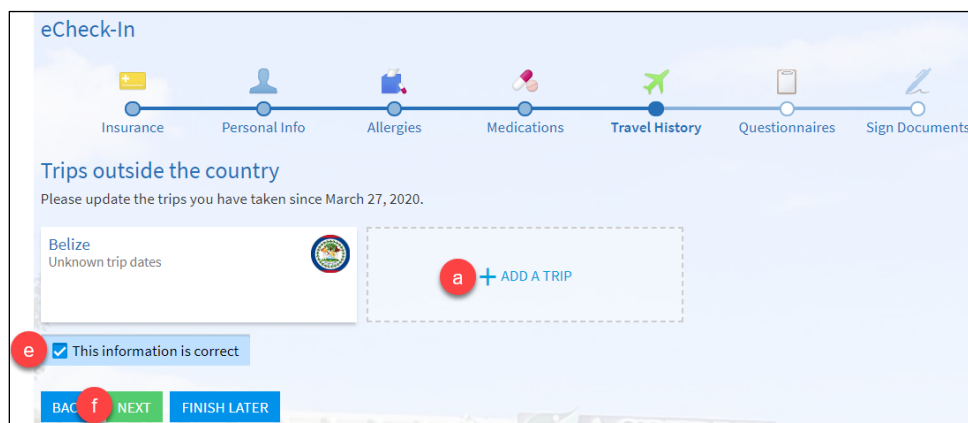
**d** ☐ TOM'S DRUGS  
12345 PILL PARKWAY DRUGVILLE WI

+ Add a pharmacy

**e** ☐ This information is correct

**f** BACK NEXT FINISH LATER

9. **Travel History:** Document any trips outside the country in the past 30 days.
  - a. If the patient has traveled outside of the country, click **Add a Trip**. If the patient hasn't traveled outside the country, skip to step e.
  - b. Search for the destination (remember it has to be a country).
  - c. Enter in the start and end date of the trip.
  - d. Click **Accept**.
  - e. Check the box for **This information is correct**.
  - f. Click **Next**.



**eCheck-In**

Insurance Personal Info Allergies Medications **Travel History** Questionnaires Sign Documents

**Trips outside the country**  
Please update the trips you have taken since March 27, 2020.

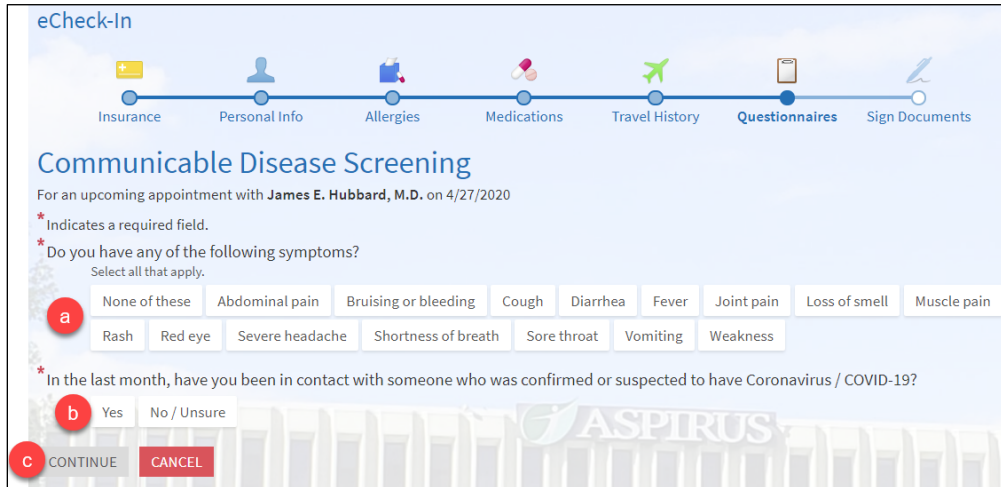
Belize  
Unknown trip dates

**a** + ADD A TRIP

**e** ☒ This information is correct

**f** BACK NEXT FINISH LATER

10. **Questionnaires:** Complete the Communicable Disease Screening and the Medicare Secondary Payer Questionnaire (MSPQ) if the patient has Medicare insurance.
  - a. The patient should select any symptoms they currently have.
  - b. In the past month, has the patient been contact with anyone confirmed or suspected of having COVID-19?
  - c. Click **Continue**.



**eCheck-In**

Insurance Personal Info Allergies Medications Travel History **Questionnaires** Sign Documents

### Communicable Disease Screening

For an upcoming appointment with **James E. Hubbard, M.D.** on 4/27/2020

\* Indicates a required field.

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

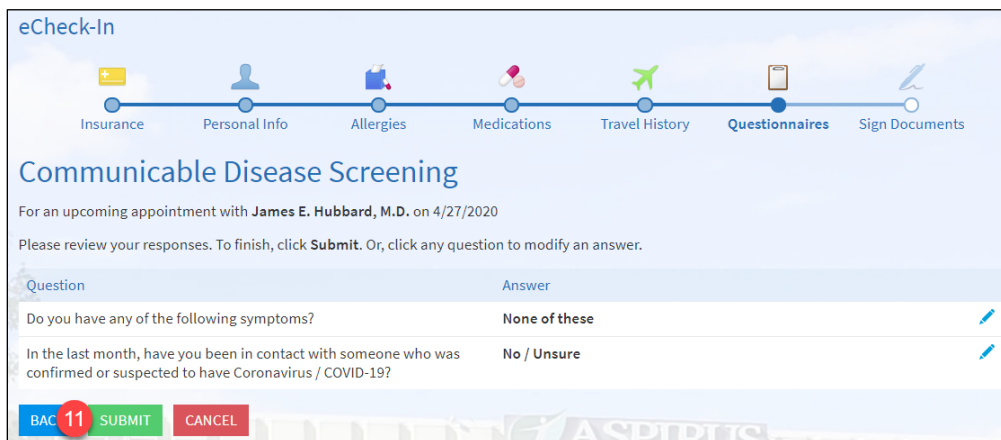
**a** ☐ None of these ☐ Abdominal pain ☐ Bruising or bleeding ☐ Cough ☐ Diarrhea ☐ Fever ☐ Joint pain ☐ Loss of smell ☐ Muscle pain  
☐ Rash ☐ Red eye ☐ Severe headache ☐ Shortness of breath ☐ Sore throat ☐ Vomiting ☐ Weakness

\* In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

**b** ☐ Yes ☐ No / Unsure

**c** **CONTINUE** **CANCEL**

11. Submit the answered questionnaire(s).



**eCheck-In**

Insurance Personal Info Allergies Medications Travel History **Questionnaires** Sign Documents

### Communicable Disease Screening

For an upcoming appointment with **James E. Hubbard, M.D.** on 4/27/2020

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?	<b>None of these</b>
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	<b>No / Unsure</b>

**11** **SUBMIT** **CANCEL**

12. **Sign Documents:** Review and sign the required documents.
  - a. The patient will have to click Review and Sign for every document that shows.
  - b. In the document, the patient will have to scroll to the bottom and click in the box that says **Click to Sign**.
  - c. Click **Continue**.

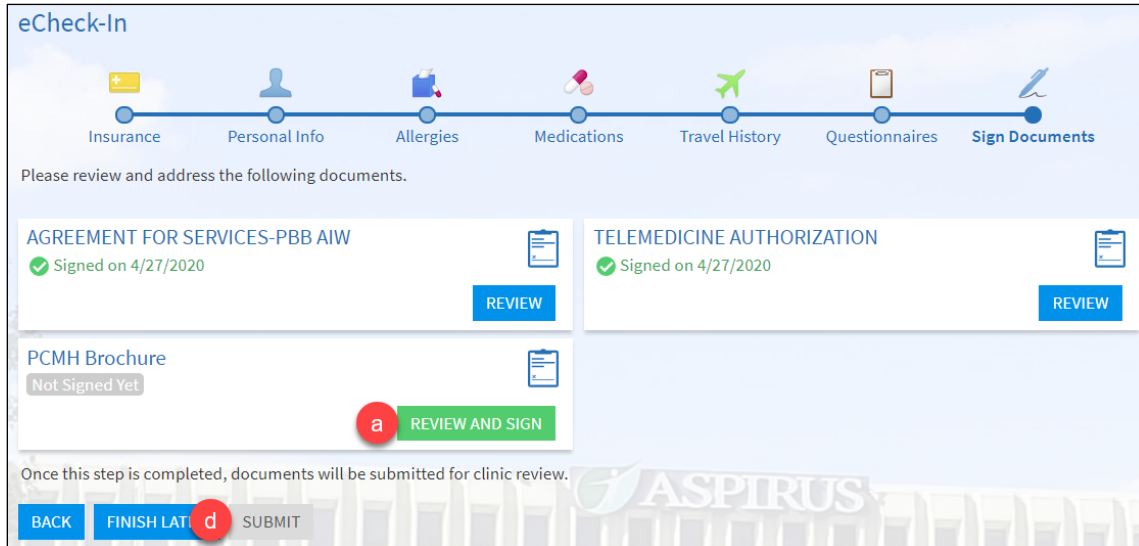


This form has been explained to me, and I am satisfied that I understand its content and significance.  
Patient Signature:

**b**  Click to Sign

**c** **CONTINUE** **CLEAR FORM** **CANCEL**

d. Once all documents have a Review status, click **Submit**.

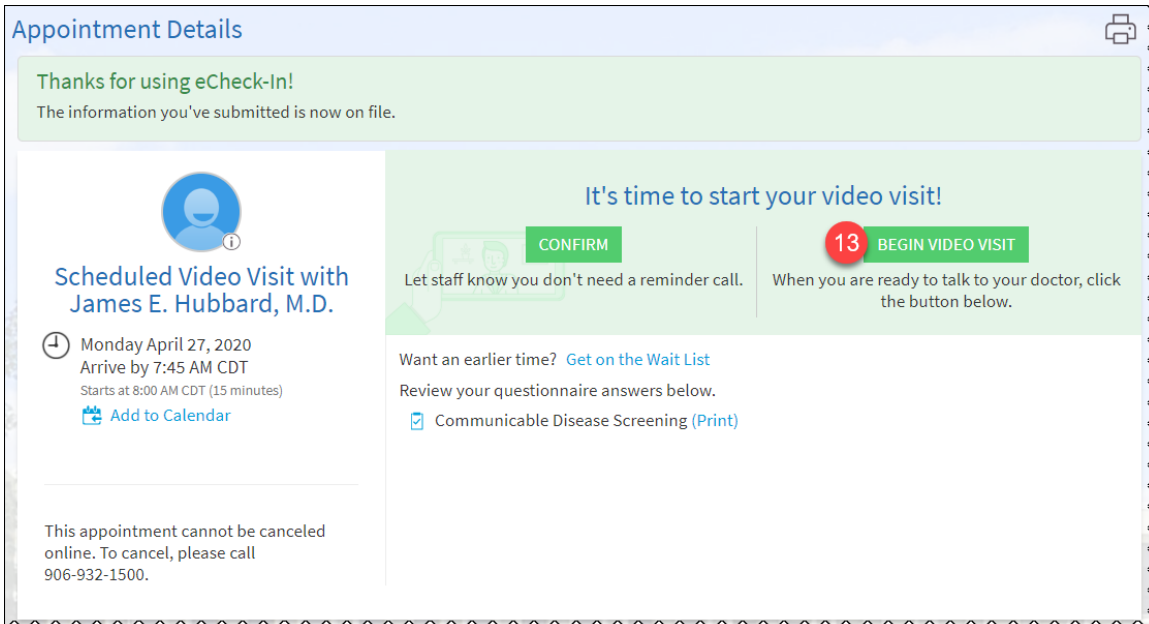


The eCheck-In screen displays a progress bar with steps: Insurance, Personal Info, Allergies, Medications, Travel History, Questionnaires, and Sign Documents. Below the progress bar, it says "Please review and address the following documents." There are three document cards:

- AGREEMENT FOR SERVICES-PBB AIW**: Signed on 4/27/2020. Status: REVIEW (blue button).
- TELEMEDICINE AUTHORIZATION**: Signed on 4/27/2020. Status: REVIEW (blue button).
- PCMH Brochure**: Not Signed Yet. Status: REVIEW AND SIGN (green button with a red circle containing 'a').

At the bottom, it says "Once this step is completed, documents will be submitted for clinic review." There are three buttons: BACK, FINISH LATER (with a red circle containing 'd'), and SUBMIT.

13. The patient will receive a confirmation window once they have successfully completed eCheck-in. When the time is 15 minutes prior to the scheduled appointment time the **Begin Video Visit** link will appear.



The Appointment Details window shows a confirmation message: "Thanks for using eCheck-In! The information you've submitted is now on file." Below this, it says "Scheduled Video Visit with James E. Hubbard, M.D." and provides the appointment details: "Monday April 27, 2020, Arrive by 7:45 AM CDT, Starts at 8:00 AM CDT (15 minutes)." There is a link to "Add to Calendar".

On the right, it says "It's time to start your video visit!" and has two buttons: CONFIRM and BEGIN VIDEO VISIT (with a red circle containing '13'). Below the buttons, it says "Let staff know you don't need a reminder call." and "When you are ready to talk to your doctor, click the button below."

At the bottom, it says "Want an earlier time? Get on the Wait List" and "Review your questionnaire answers below." There is a checkbox for "Communicable Disease Screening (Print)".

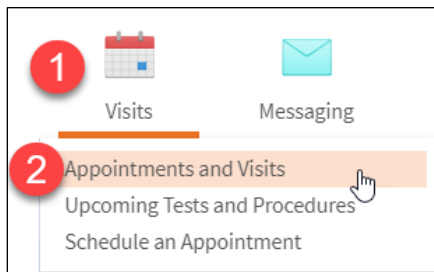
At the very bottom, it says "This appointment cannot be canceled online. To cancel, please call 906-932-1500."



## Try It Out – Reconnecting to Video Visit

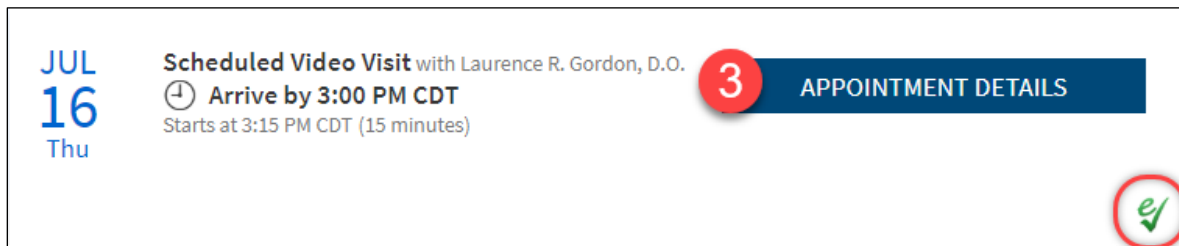
If the patient completes their eCheck-In steps 15 minutes before their scheduled appointment time or needs to reconnect to their visit because their audio/visual lost connection, follow the steps below.

1. Hover over **Visits**.
2. Click **Appointments and Visits**.



3. Find the Scheduled Video Visit with the appropriate date, time, and provider. Click **Appointment Details**.

**Note:** the eCheck-In symbol verifies that this visit has already been checked-in.



4. Click **Begin Video Visit**.

**Note:** The link to Begin Video Visit will turn green 15 minutes prior to the scheduled appointment time and will stay green until two hours after the scheduled appointment time.

