

## MyChart eCheck-In

Check in for your scheduled appointment from home by using our eCheck-In service, available via MyChart. eCheckIn is available 7 days prior for an applicable appointment. Use eCheck-In to complete the following pre-visit tasks:

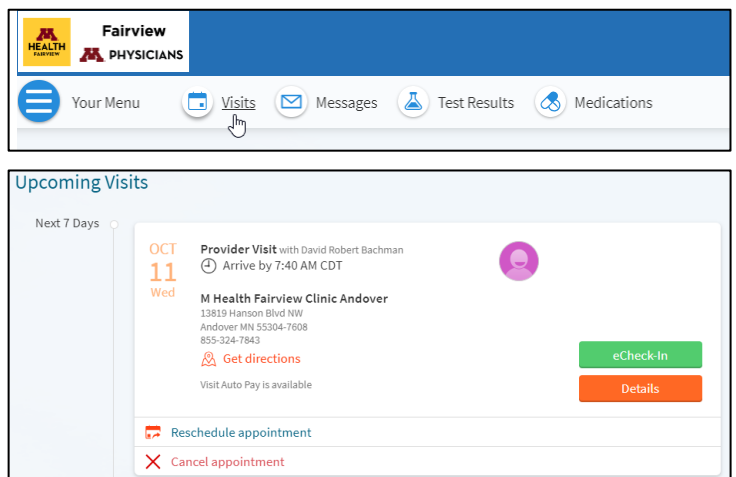
- Review/update your personal information, insurance coverage, allergies, medications, and health issues
- Answer questions for your upcoming appointment (if needed)
- Review and sign the General Consent for service (if needed)
- Pay your co-payment for the visit (if needed)

**\*Note: Not all steps will appear for all eCheck-In depending on the type of visit and based on your visit history.**

### Before Beginning

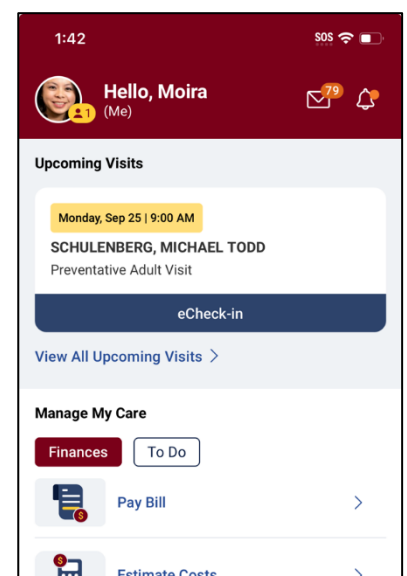
Computer or MyChart mobile:

- When you log in to MyChart, look for the **Visits** button at the top of your screen (desktop) or on the side (mobile). Select **Appointments and Visits**.
- Find your upcoming visit and click **eCheck-In** to begin the eCheck-In process.



M Health Fairview Patient App:

- When you log in to the M Health Fairview patient app, upcoming visits that you can eCheck-in for will be available on the home screen.
- Click **eCheck-In** to begin the eCheck-In process.



## Reviewing/Updating Personal Information

- Review your personal information and make any changes as needed.
- After confirming the information is correct, click **Next** to continue.
- Click **Finish Later** at any time to exit eCheck-In.

eCheck-In

Personal Info Contacts PCP Insurance Sign Documents Payments Medications

### Verify Your Personal Information

Be sure all required fields (marked with a \*) are answered.

**Contact Information**

**Verification needed**  
We need to verify that we can reach you at your email address and mobile number. [Verify](#)

123 Sunset Blvd  
BLOOMINGTON M... [Edit](#)

**Details About Me**

Information entered here may be visible to anyone with access to this legal medical record.

Preferred First Name

Preferred First Name is the name by which you want to be addressed. This name can differ from your driver's license or birth certificate.

\*Legal Sex  
Male

Your legal sex is what is listed on your ID. This includes passports, driver's licenses, green cards, and other forms of official identification.

## Reviewing/Updating Emergency Contacts

- **Add** or **update** any emergency contact information
- After confirming the information is correct, click **Next** to continue.

eCheck-In

Contacts PCP Insurance Sign Documents Payments Medications Allergies

### Verify Your Contacts

These people may be contacted in the event of an emergency.

You have no contacts on file.

[+ Add contact](#)

[Next](#) [Finish later](#) [Back to the home page](#)

## Reviewing/Updating PCP Details

- **Add** or **update** any Primary Care Provider information
- After confirming the information is correct, click **Next** to continue.

eCheck-In

Contacts PCP Insurance Sign Documents Payments Medications Allergies

### Verify Primary Care Provider

We don't have a primary care provider on file for you. Do you have a primary care provider (PCP)?

[+ Add PCP](#)

[No, I don't have a PCP](#) [Not sure](#) [Back](#) [Back to the home page](#)

## Reviewing/Updating Insurance Details

- Review and make any needed changes to your insurance details for this visit.
- Choose if you want to use your insurance for this visit.
- **Add, Update, or Remove** the insurance details on file, and/or add insurance card photos.
- After confirming the information is correct, click **Next** to continue.

eCheck-In

Contacts PCP **Insurance** Sign Documents Payments Medications Allergies

Responsibility for Payment

Mychart, Newcastle  
123 Sunset Blvd  
BLOOMINGTON MN 55437

\*We have this person on file to pay for costs not covered by insurance. Is this information correct?  
 Yes  No

\*Do you have insurance for this appointment?  
 I have insurance  I do not have insurance

Next Back Finish later

Back to the home page

## Reviewing/Signing the General Consent via eCheck-In

- If a General Consent needs to be collected, you will be asked to sign it. We are required to periodically get your consent to provide medical care and bill your insurance.
- Choose to **Review and sign** the Consent.
- The General Consent opens in a view pane for you to review. Sign at the bottom with your mouse. Click **Next** to continue.

eCheck-In

Contacts PCP Insurance **Sign Documents** Payments Medications Allergies

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

General Consent - eCheckin  
Not Signed Yet

Review later Review and sign

Next Back Finish later

Back to the home page

## Paying Co-payments via eCheck-In

- If a co-pay applies, you can pay it by entering your credit card details.
- If no payments are due for this visit, click **Next** to continue.

eCheck-In

Contacts PCP Insurance **Payments** Medications Allergies Health Issues

Your Outstanding Balances

This is the amount you owe for previous visits.

Guarantor #1097 (Moirra M Gphr)

Amount due \$312.00

Other amount

Pay later

Total amount you'll pay today: \$0.00

Next Back Finish later

Back to the home page

## Reviewing/Updating Medications, Pharmacy, Allergies and Health Issues

If applicable, your eCheck-in will include questions about your medications, allergies, and health issues. Please add, update, or remove as appropriate. The information entered here will appear in your chart for your care team to review.

- Review your medication details on file and add or remove a medication. You can also select a pharmacy for this visit.
- After confirming the information is correct, click **Next** to continue.

The screenshot shows the 'eCheck-In' interface with a progress bar at the top containing icons for Contacts, PCP, Insurance, Payments, Medications, Allergies, and Health Issues. The 'Medications' step is highlighted. Below the progress bar, the heading 'Current Medications' is followed by the instruction: 'Please review your medications and verify that the list is up to date. Call 911 if you have an emergency.' A large dashed box contains a red plus sign and the text '+ Report a medication'. Below this is a section titled 'Select a Pharmacy for This Visit' with a search bar containing 'Fairview Pharmacy Riverside - Minneapolis, MN - 606 24th Ave S' and '606 24th Ave S, Ste 202 Minneapolis MN 55454'. Below the search bar are links for '+ Add a pharmacy' and 'Clear pharmacy selection'. At the bottom, there are buttons for 'Next', 'Back', and 'Finish later', and a 'Back to the home page' link.

- Review your allergy details and add or remove an allergy.
- After confirming the information is correct, click **Next** to continue.

The screenshot shows the 'eCheck-In' interface with the 'Allergies' step highlighted in the progress bar. The heading 'Current Allergies' is followed by the instruction: 'Please review your allergies and verify that the list is up to date. Call 911 if you have an emergency.' A grey box contains the text 'You have no allergies on file.' Below this is a large dashed box with a red plus sign and the text '+ Report an allergy'. Underneath is a section titled 'Allergies You Reported' with a card for 'Dust Mites' that includes a 'Learn more' link and a 'Remove' button. At the bottom, there are buttons for 'Next', 'Back', and 'Finish later', and a 'Back to the home page' link.

- Review your health issues on file and make changes. Add a new health issue if needed.
- After confirming the information is correct, click **Next** to continue.

The screenshot shows the 'eCheck-In' interface with the 'Health Issues' step highlighted in the progress bar. The heading 'Current Health Issues' is followed by the instruction: 'Please review your health issues and verify that the list is up to date. Call 911 if you have an emergency.' A grey box contains the text 'You have no health issues on file.' Below this is a large dashed box with a red plus sign and the text '+ Report a health issue'. At the bottom, there are buttons for 'Next', 'Back', and 'Finish later', and a 'Back to the home page' link.

## Travel History Questions

- If applicable, your eCheck-in will include a section for Travel History. Add trip information to ensure your providers have all the context they need to provide you with all necessary care.
- If this does not apply, or if you've added the necessary information, click **Next** to continue.


## Visit-Specific Questions

- Depending on the type of visit, the next section may include some necessary questionnaires to provide your doctor with all the necessary context they need.
- Answer each set of questions by selecting your answers and clicking **Continue**.
- As with the rest of the eCheck-in process, you can always click the **Back** button if you need to go revisit other sections and change your answers.
- After completing your questionnaire(s), you will be presented with a summary of all of the questionnaires answered. You're able to edit your answers by clicking the pencil icon next to each question. After confirming the information is correct, click **Submit**.



Question	Answer	Edit
I understand that completing this form is intended to provide my doctor and/or care team with helpful information for my upcoming clinic visit. It is not to notify my doctor and/or care team of medical matters requiring urgent attention. If I have an urgent medical matter, I should call 911 or my doctor's office.	Acknowledge	Edit
Outside of work, how many days during the week do you exercise?	2-3 days/week	Edit
If you drink alcohol do you typically have greater than 3 drinks per day OR greater than 7 drinks per week?	No	Edit
Do you get at least 3 servings of foods that have calcium each day (dairy, green leafy vegetables, etc)?	Yes	Edit
Do you have a special diet?	regular (no restrictions)	Edit
Outside of work, approximately how many minutes a day do you exercise?	30-45 minutes	Edit
Do you have any problems taking medications		

## Completing the eCheck-In Process





- After completing the eCheck-In process, the information you submitted is now on file.
- Go to your **Appointment Details** to review the appointment date/time, location, or any additional visit instructions.

**eCheck-In Complete** 

**Thanks for using eCheck-In!**  
The information you've submitted is now on file.  
Let us know when you arrive, you may need to:

-  Sign Documents
-  Pay Insurance Copay

**Provider Visit with David Robert Bachman**

 Wednesday October 11, 2023 Arrive by 7:40 AM CDT  <a href="#">Add to calendar</a>	 M Health Fairview Clinic Andover 13819 Hanson Blvd NW Andover MN 55304-7608 855-324-7843  <a href="#">Get directions</a>
--	---

[Back to Visit Details](#)