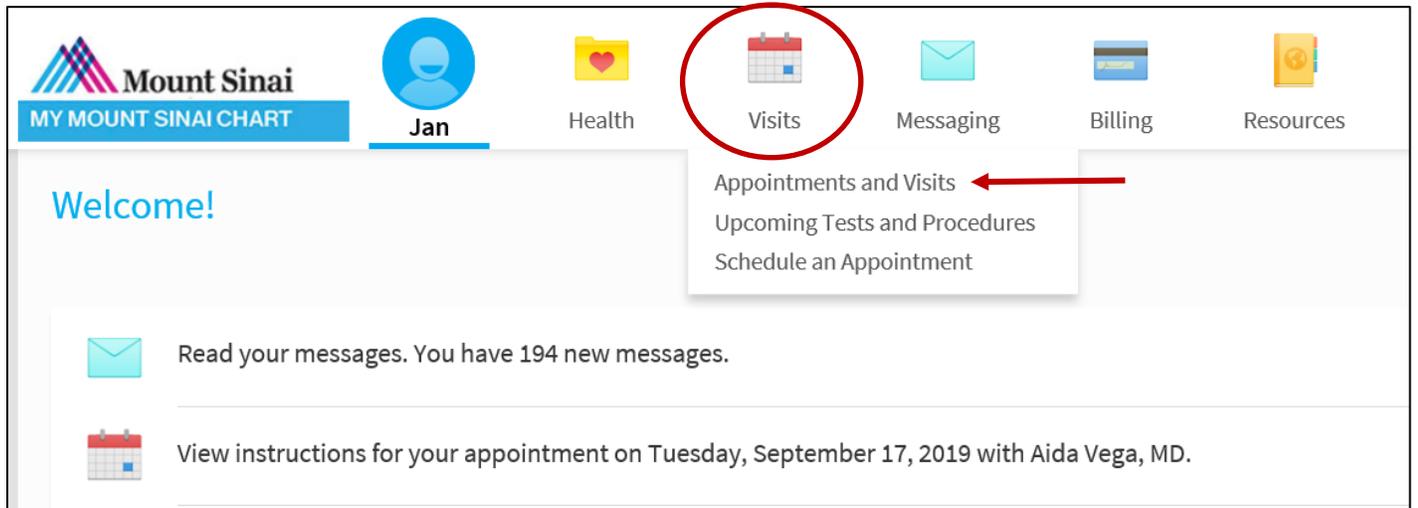


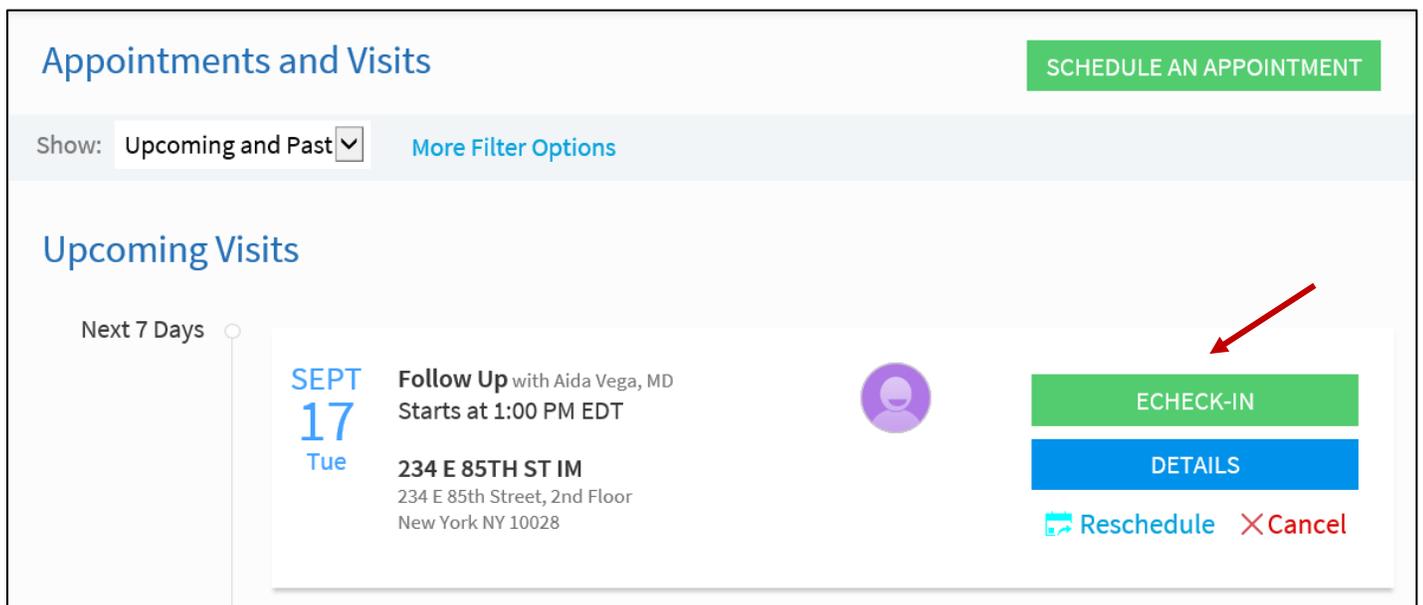
## ECHECK-IN WORKFLOW

**PATIENTS CAN CHECK IN ONLINE TO THEIR APPOINTMENTS 3 DAYS BEFORE THEIR SCHEDULED APPOINTMENT TIME**

1. LOGIN TO THE MYCHART WEBSITE OR APP WITH YOUR MYCHART ACCOUNT
  - IN THE **VISITS** TAB, CLICK ON **APPOINTMENTS AND VISITS**.



2. IN THE **APPOINTMENTS AND VISITS** PAGE, YOU WILL SEE YOUR SCHEDULED APPOINTMENTS
  - SELECT THE GREEN **ECHECK-IN** ICON FOR YOUR UPCOMING VISIT



3. THE **ECHECK-IN** WILL GUIDE YOU THROUGH MULTIPLE SECTIONS THAT YOU MUST ANSWER



4. EACH SECTION WILL REQUIRE YOU TO VERIFY IF THE INFORMATION IS CORRECT

- **PERSONAL INFO**

### Verify Your Personal Information

#### Contact Information

1979 MILKY WAY  
VERONA WI 53593

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

 608-271-9000 (preferred)  
555-555-5555  
608-271-9595  
tia.thao@mountsinai.org

EDIT

#### Details About Me

Preferred Name  
Jan,  
Gender Identity  
Female  
Sexual Orientation  
Don't know  
Race  
White  
Ethnic Background  
COLOMBIAN  
Religion  
Unknown

Legal Sex ⓘ  
Female  
Sex Assigned at Birth  
Not entered  
Marital Status  
Divorced  
Ethnicity  
Not Hispanic or Latino  
Language  
English

EDIT

This information is correct

NEXT

FINISH LATER

5. EACH SECTION WILL REQUIRE YOU TO VERIFY IF THE INFORMATION IS CORRECT

- **INSURANCE**

- YOU MAY CHOOSE RESPONSIBILITY FOR PAYMENT
- ADD A COVERAGE TO BE REVIEWED BY YOUR DOCTOR'S OFFICE

**Responsibility for Payment**

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

**Insurance on File**

You have no insurance on file.

[+ ADD A COVERAGE](#)

**Pending Review**

<b>MEDICARE NEW YORK STATE</b>		Removed
MEDICARE PART B ONLY		
Subscriber Name	Subscriber Number	
Denver, Janet	123213123A	

This information is correct

6. EACH SECTION WILL REQUIRE YOU TO VERIFY IF THE INFORMATION IS CORRECT

- **MEDICATIONS & ALLERGIES**
  - YOU MAY ADD OR REMOVE ANY MEDICATIONS LISTED
  - YOU MAY UPDATE YOUR PHARMACY
  - YOU MAY ADD OR REMOVE ANY KNOWN ALLERGIES LISTED

 **levothyroxine 100 mcg tablet**  
Commonly known as: SYNTHROID [Learn more](#)  
Take 1 tablet by mouth every morning before breakfast.

[REMOVE](#)

[+ ADD A MEDICATION](#)

Select a Pharmacy for This Visit

CVS/PHARMACY #1618 - NEW YORK, NY - 81 EIGHTH AVE  
81 EIGHTH AVE  
NEW YORK NY 10011  
212-366-4085 

[+ ADD A PHARMACY](#)

This information is correct

Please review your allergies and verify that the list is up to date.

**Penicillin**  
Anaphylaxis  
Added 8/15/2018  
[Learn more](#) 

[+ ADD AN ALLERGY](#)

This information is correct

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

[BACK TO THE HOME PAGE](#)

7. EACH SECTION WILL REQUIRE YOU TO VERIFY IF THE INFORMATION IS CORRECT

- **HEALTH ISSUES**
  - YOU MAY ADD ANY ISSUE YOU HAVE TO BE REVIEWED BY YOUR PHYSICIAN

Please review your health issues and verify that the list is up to date.

**Cancer of lip**  
Added 8/10/2018  
[Learn more](#)

**+ ADD A HEALTH ISSUE**

**Health Issues You've Asked to be Added**

**Asthma**  
[Learn more](#)

This information is correct

BACK
NEXT
FINISH LATER

8. QUESTIONNAIRES

- YOU WILL BE REQUIRED TO ANSWER & COMPLETE ANY QUESTIONNAIRES THAT THE DEPARTMENT/APPOINTMENT PROVIDES

## Medicare Secondary Payer Questionnaire

For an upcoming appointment with **Daniel Luger** on 9/17/2019

▾ Indicates a required field.

Medicare requires that we periodically ask the following questions.

Are you receiving Black Lung (BL) benefits?

Yes  No

▾ Are the services to be paid by a government research program?

Yes  No

Are you entitled to benefits through the Department of Veterans Affairs (DVA)?

Yes  No

▾ Was the illness/injury due to a work-related accident/condition?

Yes  No

CONTINUE
CANCEL

## 9. SIGN DOCUMENTS

- YOU WILL NEED TO REVIEW AND SIGN ALL NECESSARY DOCUMENTS REQUESTED
  - TO SIGN, YOU NEED TO CLICK ON THE “**CLICK TO SIGN**” BOX & ENTER YOUR MYCHART PASSWORD

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

**Provider Based Information** 

Not Signed Yet

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

**Provider Based Information**

A: Patients may receive a charge from the hospital and the doctor in a hospital outpatient clinic. If a patient has insurance, each patient's insurance plan is unique to that patient and contracted provider. Some insurance companies may cover both hospital charges and doctor charges and some may not.

**Q: What should I ask my insurance carrier?**  
 A: Ask whether the insurance company covers facility charges in an outpatient hospital clinic. If it does, ask what percentage of the charge is covered. Additionally, verify what your hospital outpatient insurance benefits are, as they typically are applied toward a hospital deductible and coinsurance payment.

**Q: How does this affect a patient who has Medicare or Medicaid?**  
 A: In a hospital based outpatient clinic, Medicare and Medicaid patients may receive two (2) separate bills for services provided in the clinic – one from the doctor and one from the hospital. Adult Medicaid patients will pay two copayments for the office visit - \$3 for the physician service and \$3 to the hospital. Depending on the clinical service being provided, additional out-of-pocket expenses for Medicare and Medicaid patients may be incurred in the "Provider-Based" clinic.

**Q: What if a Medicare or Medicaid patient has secondary insurance coverage?**  
 A: Co-insurance and deductibles may be covered by a secondary insurance policy. Check with your benefits or insurance company for details related to your secondary coverage. For instance, you may ask whether the secondary insurance company cover facility charges or provider-based billing. If it does, ask what percentage of the charge is covered. Verify what your hospital outpatient insurance benefits are, as they typically are applied toward your deductible and coinsurance.

**Q: Where can patients call with their financial questions or concerns?**  
 A: The Hospital and the Faculty Practice have staff available to assist with questions. If you already have received services and have questions pertaining to your statement, please call the telephone number referenced on your bill.

**Q: Why does the Medicare Secondary Payer (MSP) questionnaire need to be completed?**  
 A: As a participating Medicare provider, we are required to screen Medicare patients according to the MSP rules. If it pertains, at each visit, you will be asked the MSP questions. These questions help us to confirm if Medicare or another payer should process the insurance claim as primary.

The Office of Dr. AT Mount Sinai Heart 10 Union Square E.

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To submit this document, please enter your MyChart password.

Password:  

10. AFTER SUBMITTING YOUR ECHECK-IN, A BARCODE WILL DISPLAY. THE PAGE CAN BE PRINTED OR ACCESSED THROUGH THE MYCHART MOBILE APP TO BE SCANNED INTO THE WELCOME KIOSK AT THE PRACTICE.

### eCheck-In Complete

**Thanks for Using eCheck-In!**

eCheck-In verifies your information. Please go to the front desk or check-in kiosk to complete the check-in process when you arrive for your appointment. If you are using the check-in kiosk, please print the barcode or use your MyChart app to scan into the check-in kiosk when you arrive.

**When you arrive, you may need to:**

-  Sign Documents
-  Verify Emergency Contacts
- Pay Copay
- Add or Update Insurance Information

  
100000578765

Print the barcode or use the MyChart app to save time and scan it into the check-in kiosk when you arrive.

[PRINT YOUR BARCODE](#)

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**Follow Up with Daniel Luger**  
 Tuesday September 17, 2019 2:00 PM EDT

**Mount Sinai Heart 10 Union Square E**  
10 Union Square East,  
Suite 2B  
NEW YORK NY 10003  
212-844-8830