

## MyChart Video Visit Instructions (Web Version) – Patient Facing

Thank you for participating in Community Health Network's Video Visit program. Video Visit appointments **provide a convenient** way to receive exceptional care, simply delivered to a location that is convenient for you!

First, let's review some helpful tips to make your experience quick and easy.

**Not all visits will be conducted through video. Your Provider will determine if your appointment need is appropriate.**



### Am I Eligible?

- ✓ Patients must use the web-browser platforms **Mozilla FireFox** or **Google Chrome** to successfully use Video Visits from desktop or laptop computers.
  - Please be sure your device has a camera and microphone



### Helpful Information

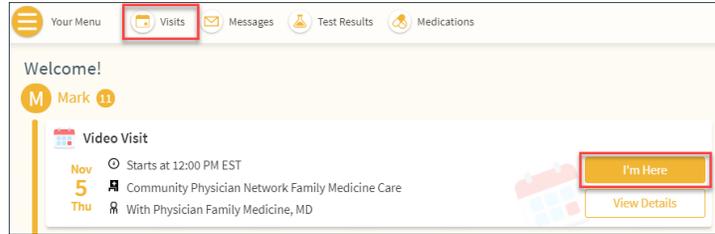
- If during a video visit, it is determined that your condition warrants an office visit, the office will call you to schedule that appointment.
- Once the video visit begins, your image will appear in the window located in the lower right of the screen.
- For optimal picture quality, don't sit or stand in front of windows or bright lights.
- Mute, Disable Camera, Leave Visit, Device Selection, and Shrink or Grow your camera preview buttons are available to use during your visit.
- If the call or video connection is lost prior to your Provider joining the visit, simply reconnect.
- You can eCheck-In up to three days before your video visit.
- The Begin Video Visit button will not appear until you are within a 45 minute time frame from your Video Visit.
- Call 317.355.2273 for MyChart support.



## Using a Desktop or Laptop for Video Visits?

If you will be using a desktop or laptop for the video visit, please complete the hardware/connection test the day before your appointment to ensure your equipment and internet access support the Video Visit.

1. Log in to **MyChart**.
2. Click the **Visits** icon or click the **I'm Here** button in the Health Feed.

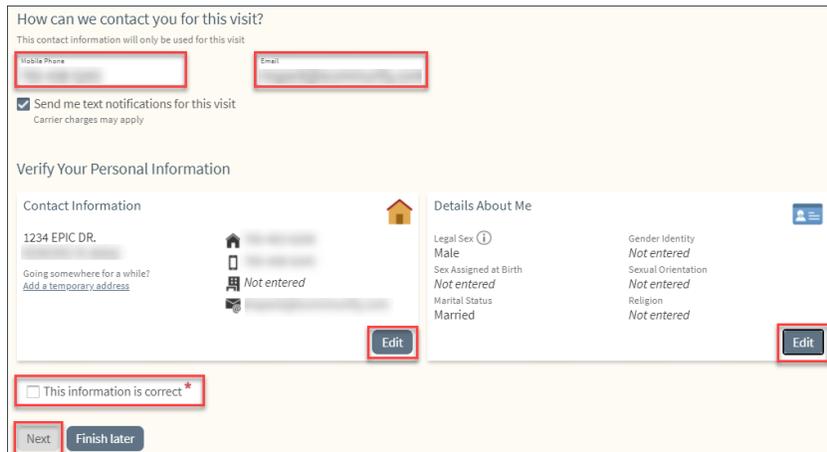


3. Click the **eCheck-In** button.



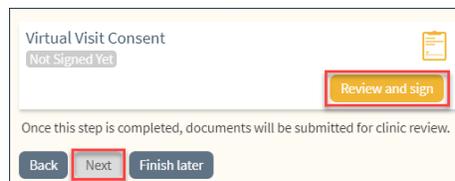
## Personal Information

1. Verify all **Personal Information**.
  - a. Edits can be made using the Edit Buttons.
2. Click the **checkbox** next to < This information is correct > if no changes need to be made.
3. Click **Next**.

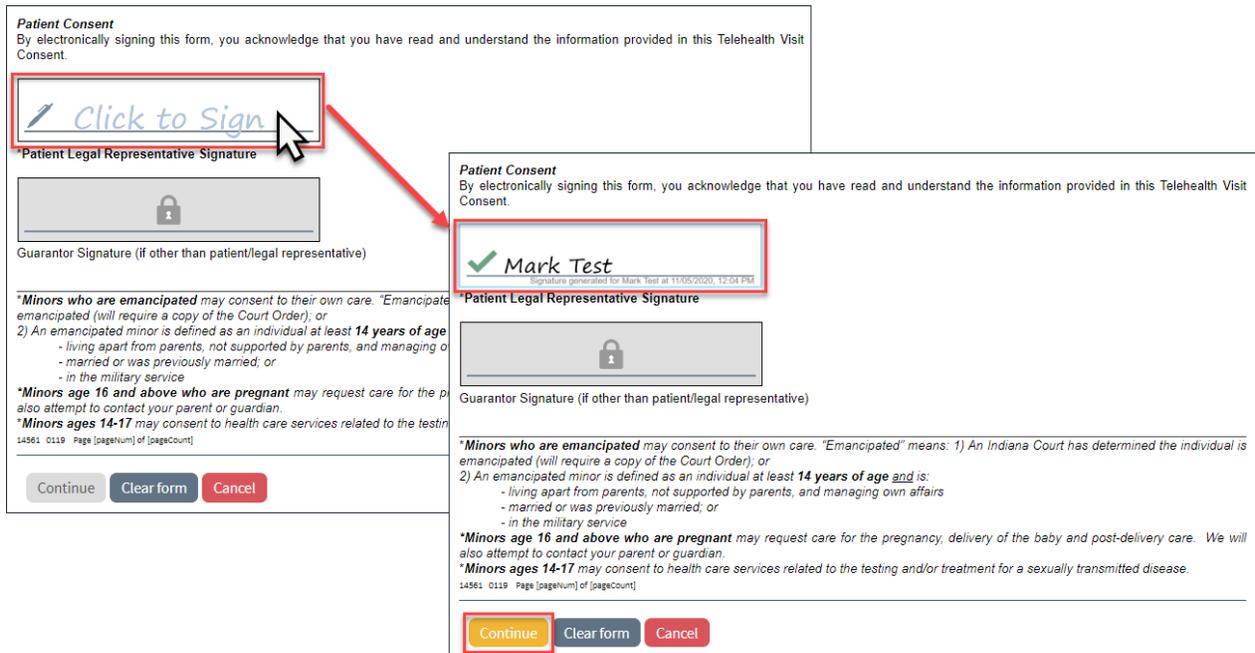


## Sign Documents

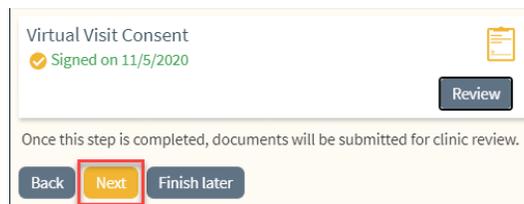
1. Click **Review and sign** on all documents that need a signature.
  - a. Payments for Video Visits are expected before the visit begins.



2. Scroll to the bottom of the Consent form and click **Click to Sign**.
  - a. Your signature will appear in the box.
3. Click **Continue**.



4. Click **Next**.



## Insurance

1. Verify **Insurance information**.
  - a. There are questions that are required to be answered before continuing with the eCheck-In.
  - b. You are able to upload images of your insurance card.
  - c. Click the **checkbox** next to < This information is correct > if no changes need to be made.
2. Click **Next**.

## Payments

1. Click the **checkbox** next to the Video Visit balance.
  - a. Payments for Video Visits are expected before the visit begins.
2. Click the **Pay button**.
  - a. You will need to add your credit card/debit card information.
3. Click **Next**.

## Travel History

1. Click **Add a Trip** to document any trips you have taken outside of the country.
2. Click the **checkbox** next to < This information is correct > if no changes need to be made.
3. Click **Next**.

## Medications

1. Review the list of **current Medications**.
  - a. Use the remove button to remove a medication from your current list.
2. Click **Add a Medication** to add more medications to your current list.

3. Select a **Pharmacy**.
4. Click the **checkbox** next to < This information is correct > if no changes need to be made.
5. Click **Next**.

## Allergies

1. Review the list of **current allergies**.
2. Click **Add an Allergy** to add another allergy to your current list.
3. Click the **checkbox** next to < This information is correct > if no changes need to be made.
4. Click **Next**.

## Health Issues

1. Review the list of **current health issues**.
2. Click **Add an Health Issue** to add another Health Issue to your current list.
3. Click the **checkbox** next to "This information is correct" if no changes need to be made.
4. Click **Next**.

## Questionnaires

1. Answer any questions related to the questionnaires listed in your MyChart.
2. If you have Medicare please see the Medicare Section below.

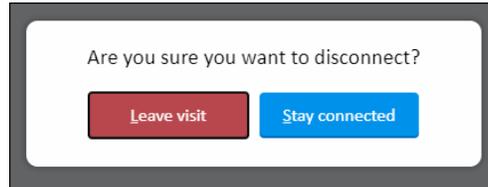
## Final Page

1. Click **Confirm** to receive a reminder call from your provider's office.
2. Click **Begin Video Visit** button when you are ready to start your visit.

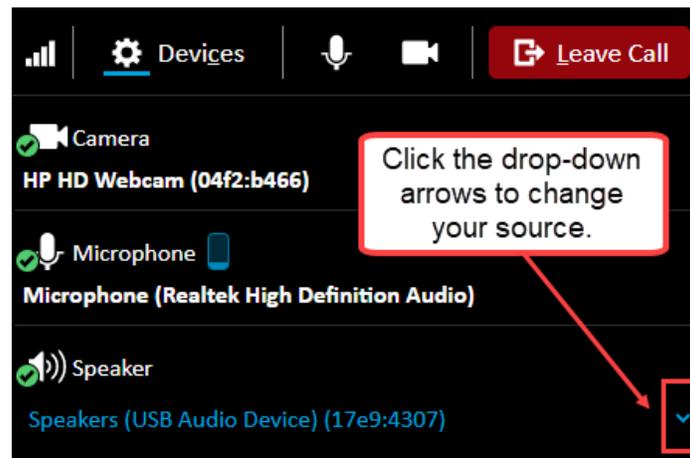
3. Click **Allow** on the pop ups to use your device's microphone and camera.
4. Once connected to the video visit you will see the following screen while you wait on the provider to join you:
5. At the top of the screen you will see a toolbar of buttons.



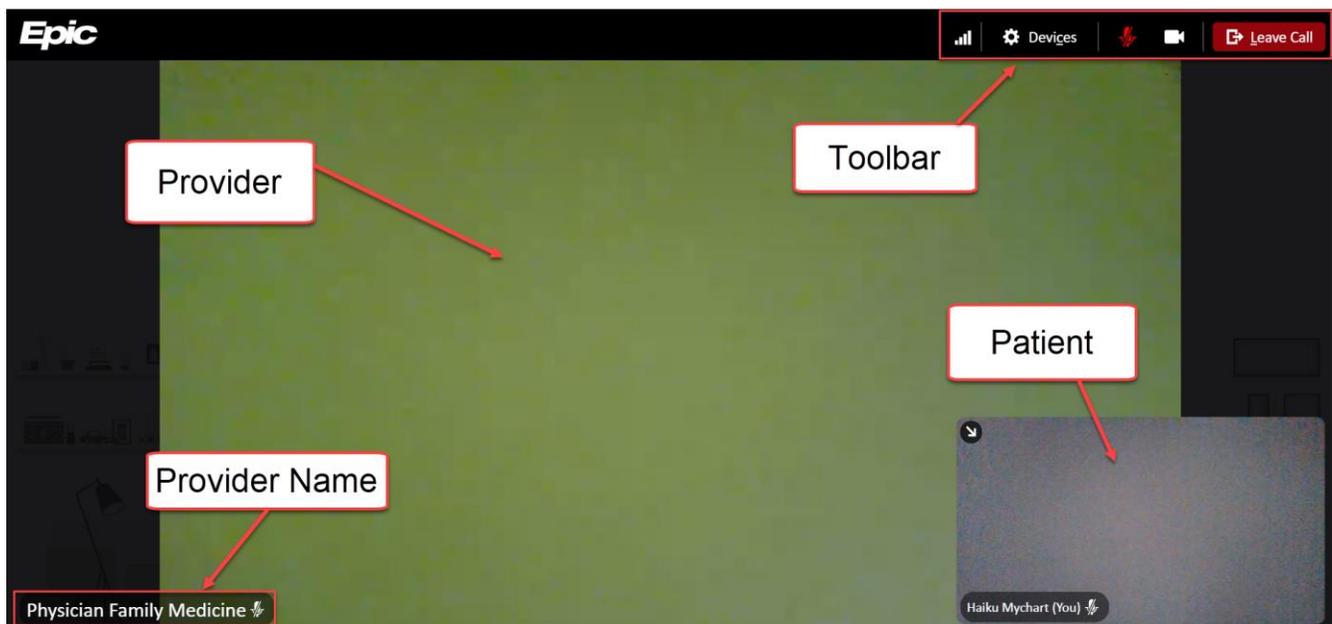
- a. **Leave Call** – click this when you are ready to leave. You will see a pop up asking you if you are sure you want to disconnect.



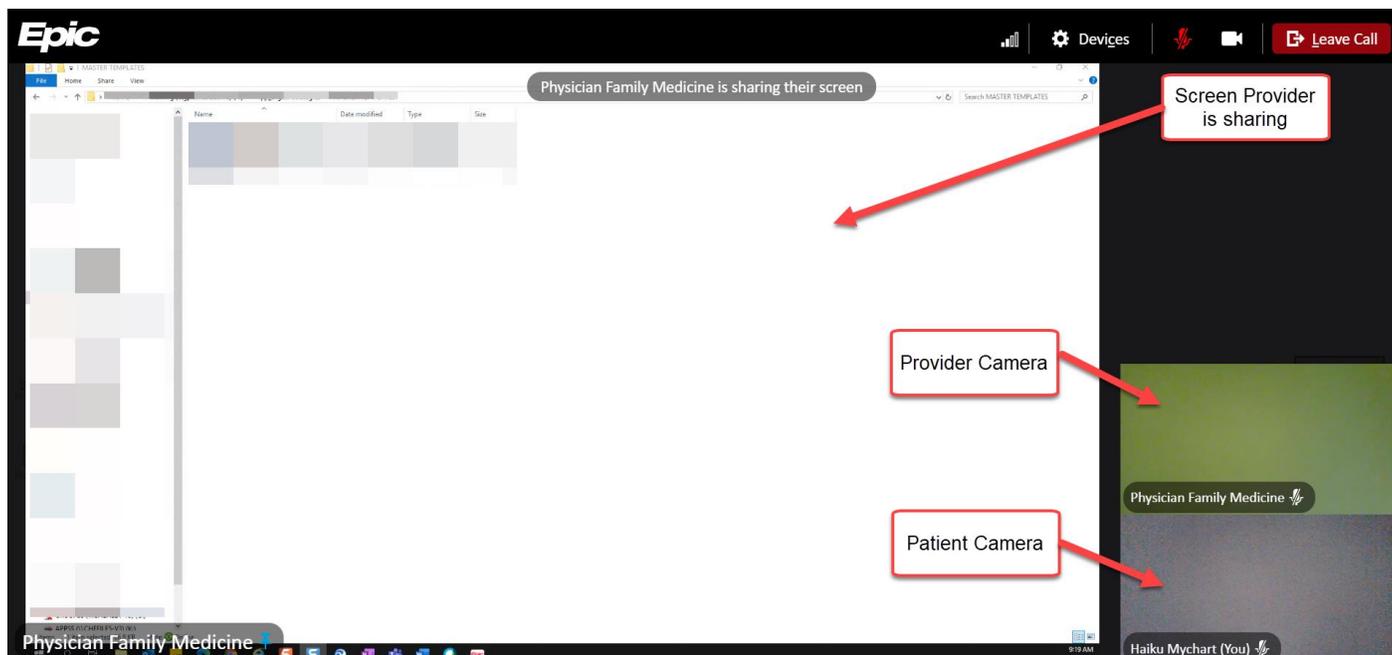
- b. **Mute (Microphone Icon)** – click this if you need to mute yourself
- c. **Disable Camera (Camera Icon)** – click this if you need to turn off your camera
- d. **Devices** – click this if you need to change the devices (camera, microphone, and speakers) you are using.



6. Once the provider is connected to the visit it will look like this:



7. Your Provider can share their screen with you. If they do so, your screen will look like this:



## Medicare Questionnaire

For Medicare patients, a Medicare Questionnaire will be presented in MyChart.

### Medicare Secondary Payer Questionnaire

For an upcoming appointment with **Physician Family Medicine, MD** on 11/5/2020

\* Indicates a required field.

Medicare requires that we periodically ask the following questions.

1. Answer the following questions:
  - a. Are you receiving Black Lung (BL) benefits?
  - b. Are the services to be paid by a government research program?
  - c. Are you entitled to benefits through the Department of Veterans Affairs (DVA)?
  - d. Was the illness/injury due to a work-related accident/condition?
  - e. Was the illness/injury due to a non-work-related accident?
  - f. Are you entitled to Medicare based on age?
  - g. Are you entitled to Medicare based on end-stage renal disease (ESRD)?
  - h. Are you currently employed?
  - i. Do you have a spouse who is currently employed?
2. Click **Continue** once you have answered all of the questions.
3. Review your **answers** and click **submit**.