

## MyChart Scheduling and eCheck-In

Infirmiry Health now offers a new feature within MyChart, which allows you to schedule your COVID vaccine appointment. In addition to scheduling the appointment, you can complete your registration via eCheck-In.

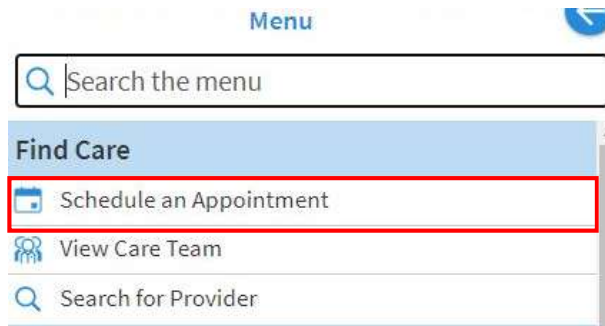
### Schedule an Appointment

Use the following steps to schedule your COVID Vaccine appointment.

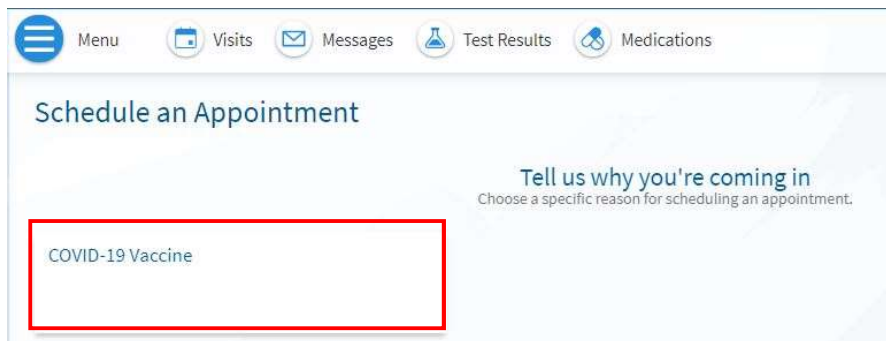
1. Click **Menu**.



2. Click **Schedule an Appointment**.



3. Select the **COVID-19 Vaccine** appointment type.



4. Click to select your preferred location and click **Continue**.

Which locations work for you?

<b>Any location</b> Schedule at any available location.	<b>MIMC Pro Health Covid Vaccination</b> 166 Mobile Infirmary Blvd MOBILE AL 36607	<b>NBI FITNESS CENTER COVID VACCINATION</b> 2115 Hand Avenue BAY MINETTE AL 36507
<b>TH EMPLOYEE HEALTH 3 CIRCLE CHURCH</b> 10274 STATE HIGHWAY 104 FAIRHOPE AL 36532	<b>TH Wellness Center Covid Vaccination</b> 212 Hospital Dr. Suite A Fairhope AL 36532	

**Continue** Any location

5. Select the appropriate time and date for your appointment.

What time works for you?

Start search on  
04/03/2021

Times  
**All available times**  
Filter times

**Monday April 5, 2021**  
NBI  
2115 Hand Avenue BAY MINETTE AL 36507

7:00 AM	7:10 AM	7:20 AM	7:30 AM	7:40 AM
7:50 AM	8:00 AM	8:10 AM	8:20 AM	8:30 AM
8:40 AM	8:50 AM	9:00 AM	9:10 AM	9:20 AM
9:30 AM	9:40 AM	9:50 AM	10:00 AM	10:10 AM
10:20 AM	10:30 AM	10:40 AM	10:50 AM	1:30 PM
1:40 PM	1:50 PM	2:00 PM	2:10 PM	2:20 PM
2:30 PM	2:40 PM	2:50 PM	3:00 PM	3:10 PM
3:20 PM	3:30 PM	3:40 PM	3:50 PM	4:00 PM
4:10 PM	4:20 PM			

**Tuesday April 6, 2021**  
NBI  
2115 Hand Avenue BAY MINETTE AL 36507


7:00 AM	7:10 AM	7:20 AM	7:30 AM	7:40 AM
7:50 AM	8:00 AM	8:10 AM	8:20 AM	8:30 AM
8:40 AM	8:50 AM	9:00 AM	9:10 AM	9:20 AM
9:30 AM	9:40 AM	9:50 AM	10:00 AM	10:10 AM

6. Verify the information in the **Contact Information** and **Details About Me** sections is correct.





Click **Edit** in the corresponding section to make any necessary corrections.





Schedule an Appointment Start over


Reason for visit  Edit COVID-19 Vaccine  
Locations  Edit Any location  
Time  Edit Wednesday April 7, 2021 7:00 AM  
Verify and schedule 


Verify your personal information

6- Contact Information  Details About Me 

123 Snippet Street  
Mobile AL 36566  
Going somewhere for a while?  
[Add a temporary address](#)

 Not entered  
 251-555-5555  
 Not entered  
 test.email@email.com

Preferred First Name  Snippet  
Marital Status Married  
Ethnicity Non-Hispanic  
Language English

Legal Sex  Female  
Race White or Caucasian  
Ethnic Background Not entered  
Religion Baptist

Edit Edit

This information is correct -7

7. Click **This information is correct**.

8. Next, you will need to add your insurance information. Click **Add Coverage**.

Schedule an Appointment Start over

Reason for visit  Edit COVID-19 Vaccine  
Locations  Edit Any location  
Time  Edit Wednesday April 7, 2021 7:00 AM  
Verify and schedule 

Verify your insurance

Insurance on File

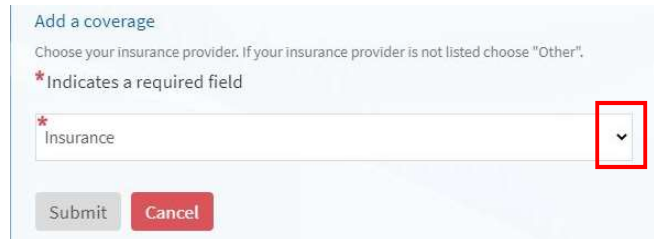
You have no insurance on file.

+ Add a coverage -8

This information is correct -9

9. Click **This information is correct**.

10. Click the down arrow to find the name of your insurance coverage.



Add a coverage  
Choose your insurance provider. If your insurance provider is not listed choose "Other".  
\* Indicates a required field

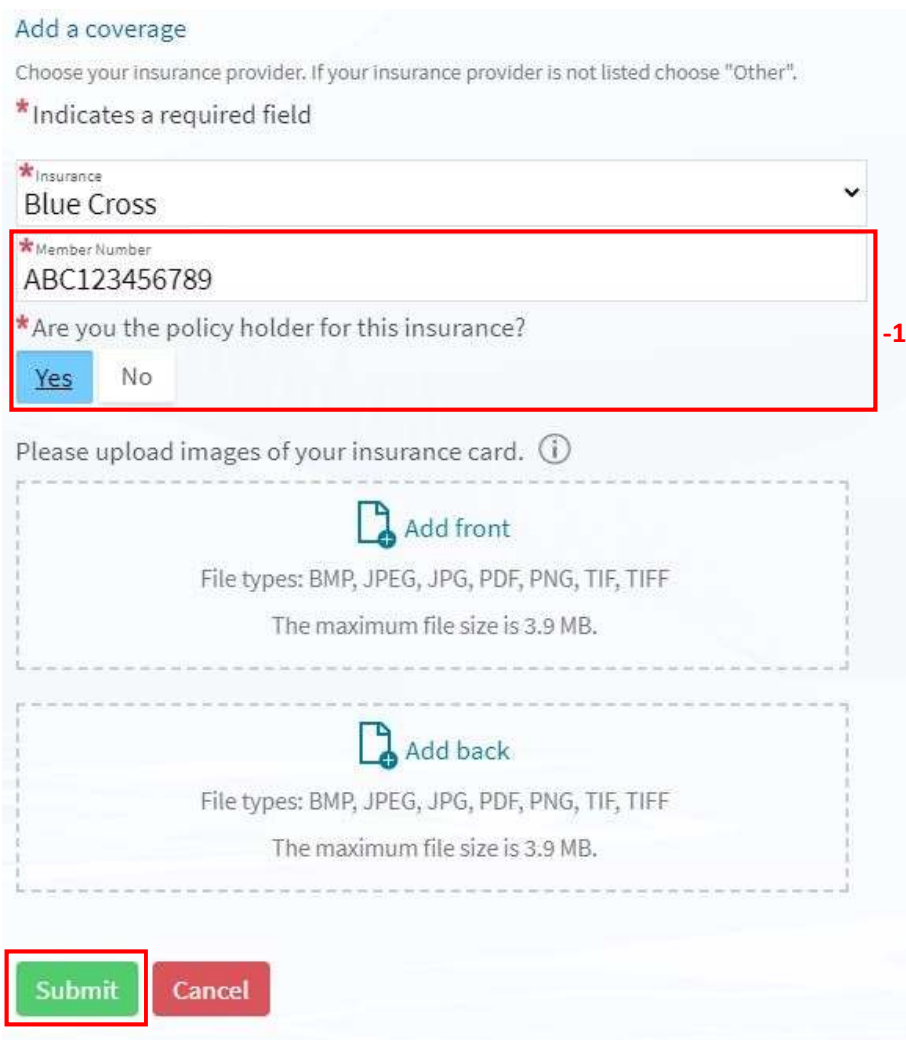
\* Insurance

Submit Cancel

11. Complete the required fields with the information from your insurance card.



**Member Number** may be listed as Subscriber ID on your card. You can also use the **Add front** and **Add back** buttons to upload a photo of the front and back of your card




Add a coverage  
Choose your insurance provider. If your insurance provider is not listed choose "Other".  
\* Indicates a required field


\* Insurance  
Blue Cross

\* Member Number  
ABC123456789

\* Are you the policy holder for this insurance?  
 Yes  No

Please upload images of your insurance card. ⓘ

 Add front  
File types: BMP, JPEG, JPG, PDF, PNG, TIF, TIFF  
The maximum file size is 3.9 MB.

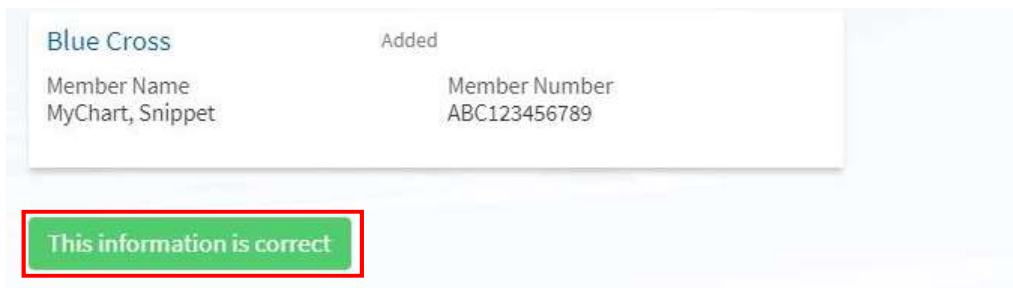
 Add back  
File types: BMP, JPEG, JPG, PDF, PNG, TIF, TIFF  
The maximum file size is 3.9 MB.

12-

-11

12. Click **Submit**.

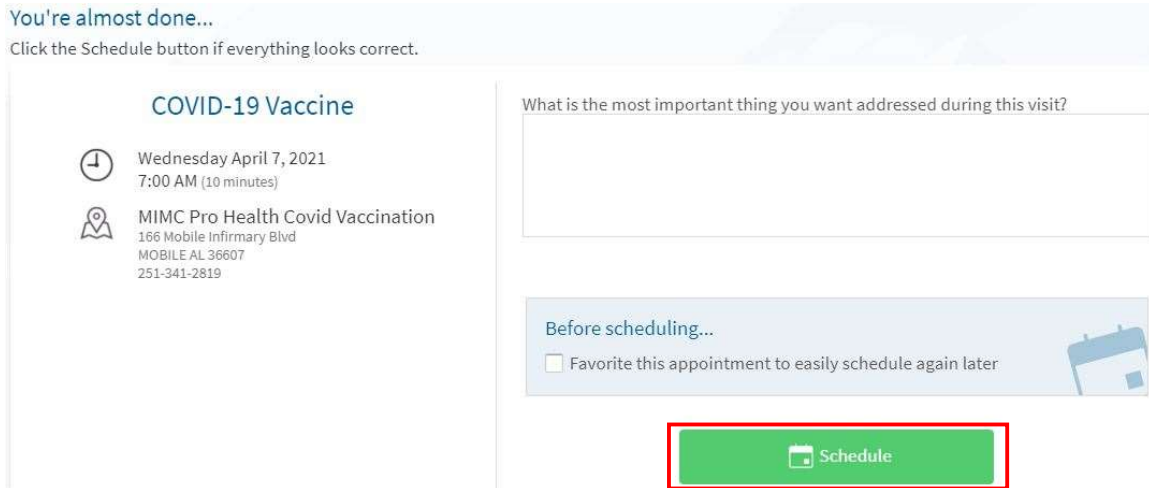
13. Review the information and click **This information is correct**.



Blue Cross		Added
Member Name	MyChart, Snippet	Member Number
		ABC123456789


**This information is correct**


14. You have a chance to verify your appointment time and date as well as add any relevant notes. Click **Schedule** when you are ready.



You're almost done...  
Click the Schedule button if everything looks correct.

### COVID-19 Vaccine

 Wednesday April 7, 2021  
7:00 AM (10 minutes)

 MIMC Pro Health Covid Vaccination  
166 Mobile Infirmary Blvd  
MOBILE AL 36607  
251-341-2819

What is the most important thing you want addressed during this visit?

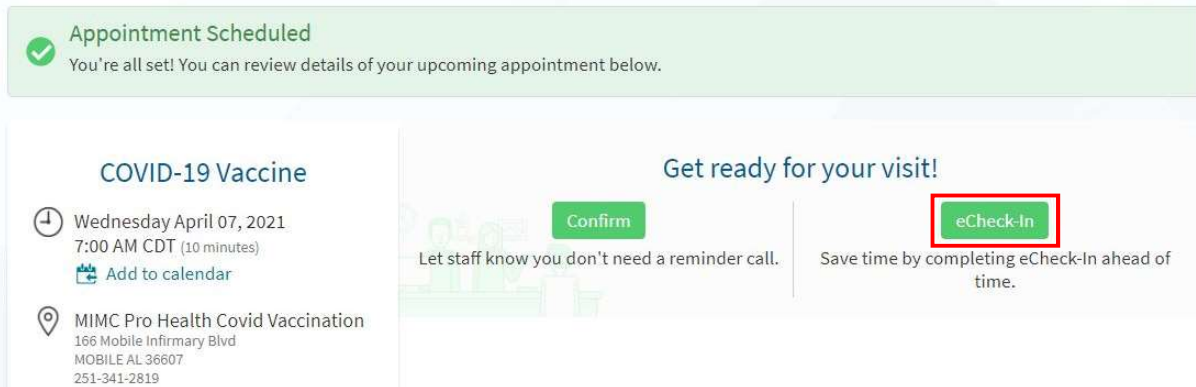
Before scheduling...  
 Favorite this appointment to easily schedule again later

**Schedule**

### Completing eCheck-In

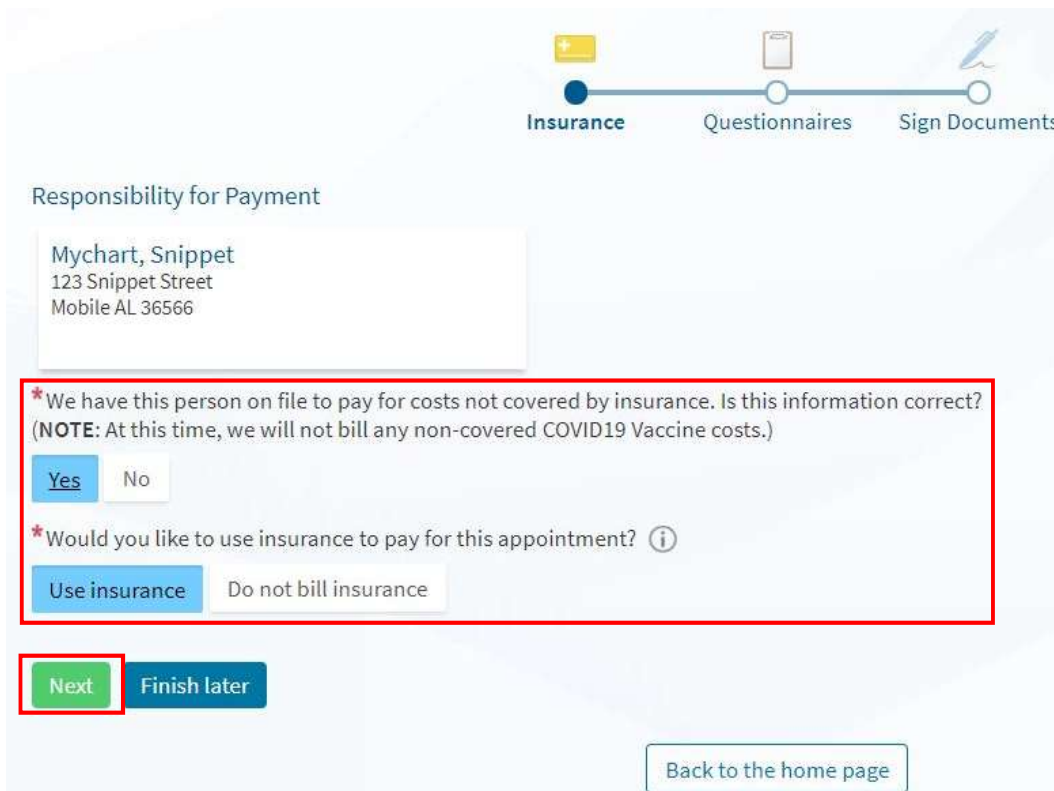
eCheck-In is available to you 7 days before your appointment and up until 15 minutes before the appointment time. Use the following steps to complete eCheck-In for your visit.

1. Click **eCheck-In**.



The screenshot shows a confirmation screen for a COVID-19 vaccine appointment. At the top, a green banner reads "Appointment Scheduled" with a checkmark icon and the text "You're all set! You can review details of your upcoming appointment below." Below this, the appointment details are listed: "COVID-19 Vaccine" on Wednesday, April 07, 2021, at 7:00 AM CDT (10 minutes) at the MIMC Pro Health Covid Vaccination center. To the right, under the heading "Get ready for your visit!", there are two buttons: "Confirm" and "eCheck-In". The "eCheck-In" button is highlighted with a red box. Text below the buttons says "Let staff know you don't need a reminder call." and "Save time by completing eCheck-In ahead of time."

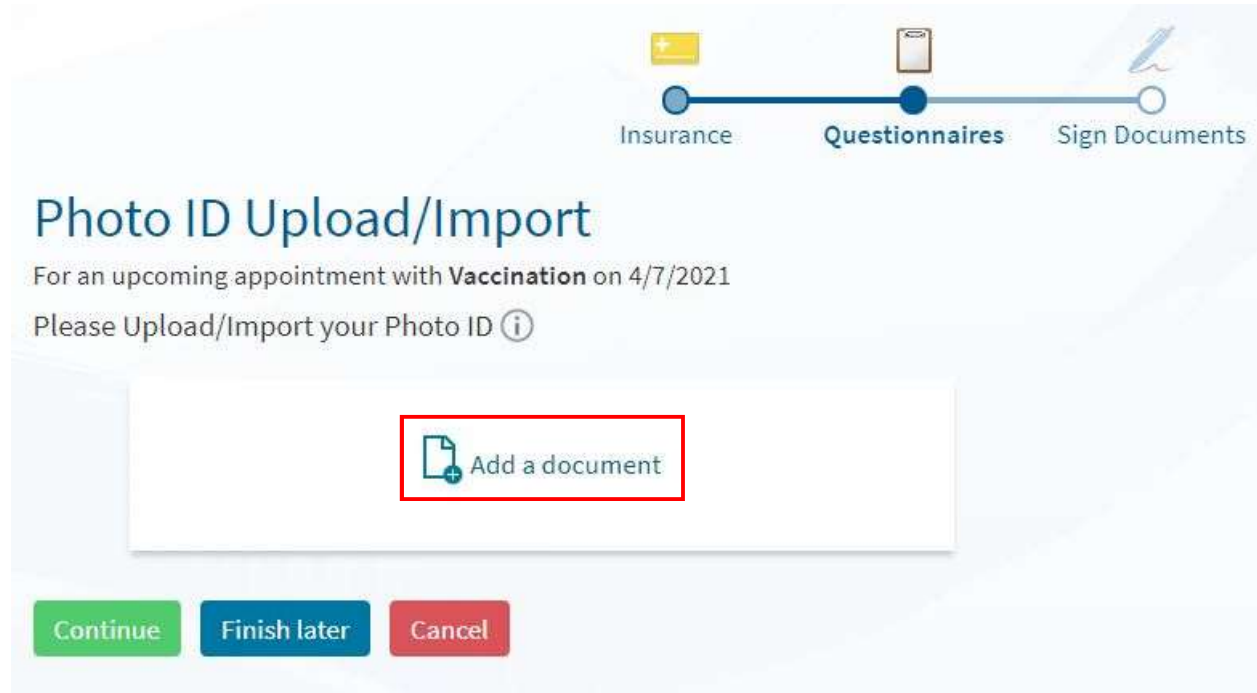
2. Answer the required questions and click **Next**.



The screenshot shows a progress bar with three steps: "Insurance" (selected), "Questionnaires", and "Sign Documents". Below the progress bar, the "Responsibility for Payment" section is visible. It includes the address "Mychart, Snippet, 123 Snippet Street, Mobile AL 36566". Two questions are highlighted with a red box: "\* We have this person on file to pay for costs not covered by insurance. Is this information correct? (NOTE: At this time, we will not bill any non-covered COVID19 Vaccine costs.)" with "Yes" and "No" buttons, and "\* Would you like to use insurance to pay for this appointment?" with "Use insurance" and "Do not bill insurance" buttons. At the bottom, there are "Next" and "Finish later" buttons, with "Next" highlighted by a red box. A "Back to the home page" button is also present.

Rev. 4/1/2020

3. Click **Add a document** to upload a photo of your driver's license or photo identification.



4. Click **Continue**.



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5. Answer any additional questionnaires and click **Submit**.

Insurance Questionnaires Sign Documents

### Photo ID Upload/Import

For an upcoming appointment with **Vaccination** on 4/7/2021

Please review your responses. To finish, click **Submit**. Or, click any question to modify an answer.

Question	Answer
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Back **Submit** Finish later Cancel

6. Documents requiring your signature are listed. Click Review and sign to open and sign each item.

Insurance Questionnaires **Sign Documents**

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

**COVID VAC PAYMENT AUTH**  
Not Signed Yet

Review later **Review and sign**

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

Back Finish later Submit

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7. After reviewing the document, click in the signature field to autopopulate your signature.

COVID VAC PAYMENT AUTH



**Request for Payment**

I request payment of authorized Medicare (or other Insurance) benefits to me, or to any party who accepts assignment on my behalf, for any services furnished me by or in Mobile Infirmary.

I authorize any holder of medical or other information about me to release to Medicare (or other Insurance) and its agents any information needed to determine these benefits or benefits for related services.

Patient/Beneficiary Signature

\*  Click to Sign

Patient/Beneficiary Signature

Snippet MyChart

Name of Beneficiary

Continue

Review later

Clear form

Cancel

8. Click **Continue**.

COVID VAC PAYMENT AUTH



**Request for Payment**

I request payment of authorized Medicare (or other Insurance) benefits to me, or to any party who accepts assignment on my behalf, for any services furnished me by or in Mobile Infirmary.

I authorize any holder of medical or other information about me to release to Medicare (or other Insurance) and its agents any information needed to determine these benefits or benefits for related services.

Patient/Beneficiary Signature

 Snippet MyChart  
Signature generated for at 03/31/2021, 02:20 PM

Patient/Beneficiary Signature

Snippet MyChart

Name of Beneficiary

Continue

Review later

Clear form

Cancel

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9. Click **Submit**.



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

COVID VAC PAYMENT AUTH

✓ Signed on 3/31/2021



Review

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

Back

Finish later

Submit

Your eCheck-In is now complete.