

Check-in Process Steps

Health Maintenance

Message a Provider

Contact Us

Review Medical Record

lile:

The following steps of the check-in process will ask you questions about your upcoming visit. Please try to provide as much detail as possible, this will help us better understand how to improve your wellness during your visit.

- 1. Please verify your contact Information
- 2. Please verify your insurance information
- 3. What is the reason for the visit?
- 4. Body System Review
- 5. Any other details or symptoms?
- 6. Have you been told you are allergic to a substance?

The \$75 dollar fee is only for self pay patients. Please contact your insurance to see what your responsibility is. Self pay patient please contact the DES office you may be elligible for ACCCHS during the pandemic.



Request e-Visit

e-Visit Disclaimer

Fee: \$ 75

Scroll down to the bottom of the page.

IF YOU ARE HAVING AN EMERGENCY MEDICAL PROBLEM PLEASE CALL 91T.

NEVER REQUEST AN ELECTRONIC VISIT FOR AN URGENT MEDICAL PROBLEM. PLEASE CALL OUR OFFICE AT 928-758-6420 IF YOU HAVE AN URGENT NEED.

If you have insurance coverage, they should cover the cost or majority of the cost during this COVID-19 pandemic. Please reach out to your insurance to see what they cover and what your responsibility is.

You must be an established patient to be eligible for an e-visit. If you have never been to the clinic in person, you cannot be scheduled for an e-visit. Please call the clinic to make a new patient appointment.

If you have had a visit in the previous 7 days before the date of your appointment, you must schedule a phone visit. Audio/Video tele-health visits are not available at this time. We are currently working on integrating that into the clinic.

An electronic or e-visit is an alternative designed to efficiently respond to routine, non-complex medical problems. (Examples might include: a cold or sinus infection, a mild stomach virus, follow-up of a stable chronic condition).

An e-visit is not designed for complex or non-routine medical care especially problems that might require the relating of extensive history information or a thorough physical exam. E-visits are only offered to established patients and you agree that during the visit you are representing yourself and not another person.

The patient is usually responsible for our typical e-visit charges. Our standard e-visit charge is \$75.00, for self pay patients, you can reach out to our front office staff via telephone to make this payment before or after your visit. If

****Currently under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act, CMS is expanding this benefit on a temporary and emergency basis. The benefits are part of the broader effort by CMS and White Hose Task Force to ensure that all Americans - particularly those at high risk of complications from the virus that causes the disease COVID-19 - are aware of easy to use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Requests for e-visits must be confirmed and scheduled by our office prior to the e-visit. Prior to the visit you may be asked to complete certain medical questionnaires. Sometimes, after reviewing your information, or during the e-visit it may be determined that your problem is too complex for an e-visit session. In that case our office will schedule you for a traditional office visit and your e-visit fee will be applied to the patient balance related to your office visit or refunded per our practice's billing policy.

Communication during an e-visit may be exchanged via teleconference, landline phone, cellular phone and online chat. These methods are by their very nature not as secure as a face-to-face encounter. By requesting an e-visit you acknowledge that personal health information will be communicated in a manner that is subject to hacking and other malicious behavior.

As with any medical service, decision, or treatment, there are risks; and, an e-visit is no different. Because this visit is electronic and not in person, you acknowledge that the risk may be greater than a traditional office visit, and by requesting the visit you agree to accept the outcome-even if it is undesirable. In addition you agree to abide by our office's routine policies including any policy related to litigation.

Agreement to this contract includes agreement to pay for any charges that your insurance determines to be your responsibility for this type of visit.

If you understand and agree with these terms, please check the box below.

If not, then please call the office or Request an Appointment.

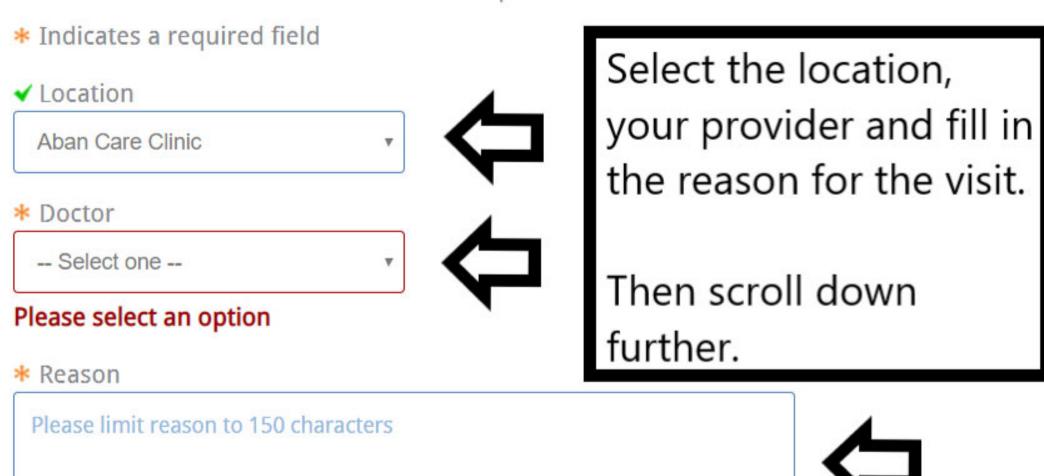
Click the box to proceed.



Acknowledgement

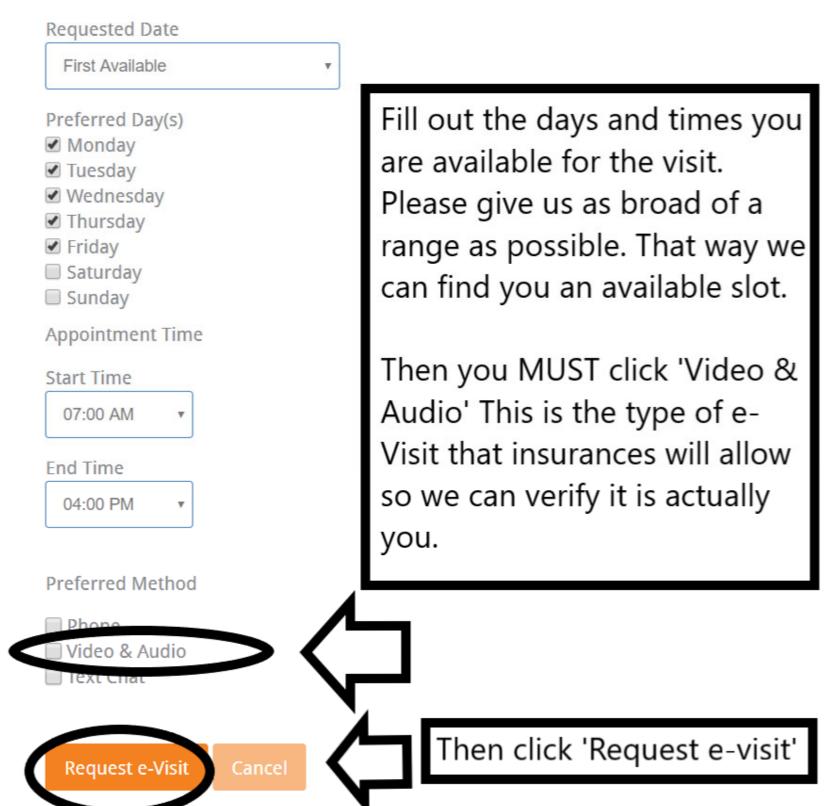
I acknowledge and would like to request an e-Visit.

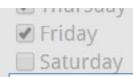
Please fill out the form below to make a request for an e-Visit.



Please select a Requested Date or select the Preferred Days and times you prefer

Requested Date First Available





Thank You

В

Thank you. Your request for an appointment has been received. You will receive an email confirmation for your request.

Request Details

Location:

Aban Care Clinic

Doctor:

Next Click 'Continue'

Reason:

Requested Date: First Available

Appointment Time: 07:00 AM - 04:00 PM

Preferred Methods: Video & Audio



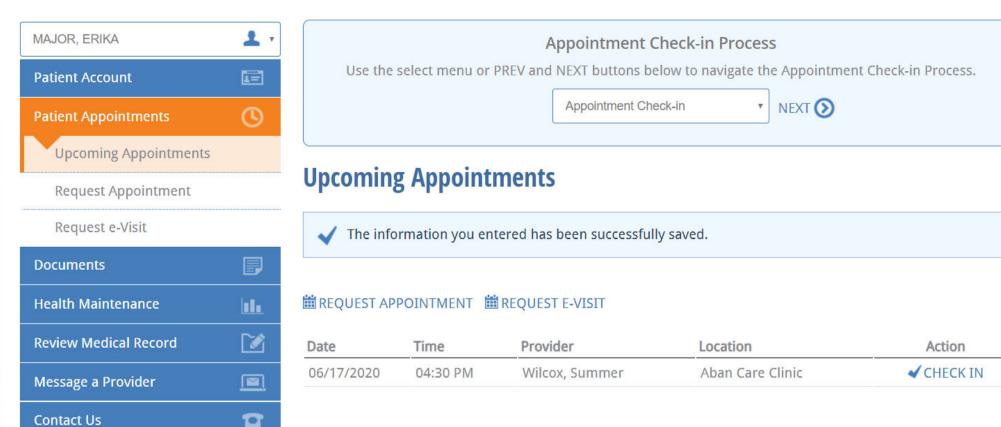
Continue





Click the logo to go back to the main menu.



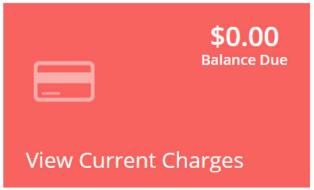




Welcome to YourHealthFile

Once you have an appointment schedule for an e-Visit the 'Appointment Check-in' icon will appear. Click on 'Appointment Check-in'

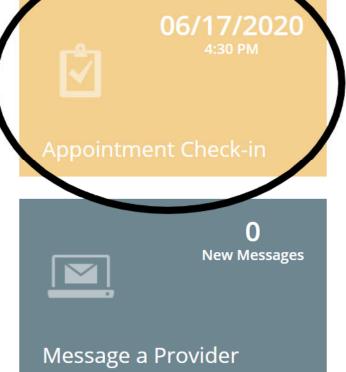
nday through Friday from 7:00 AM to 4:00 PM. We are closed for







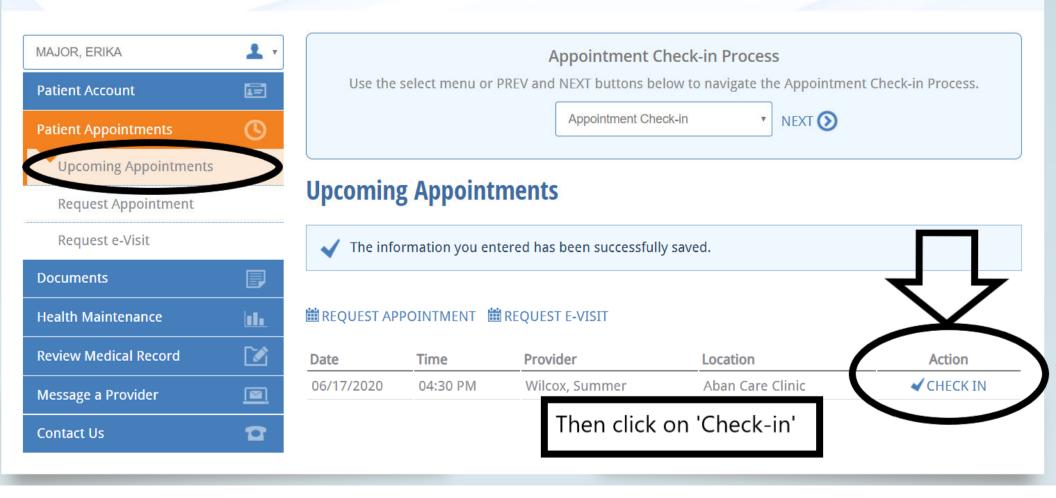








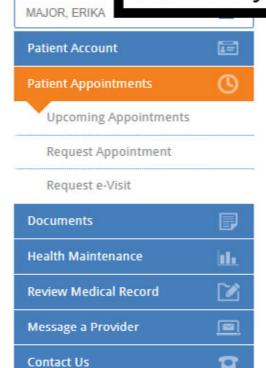
Click on 'Upcoming Appointments'

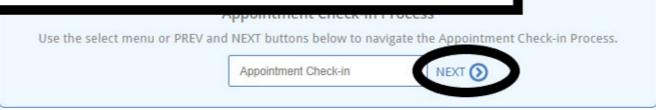




Now click 'Next' to start the check in process. Please update any information as needed. It will save your information for any future visits.

NT PAGE E→LOG OUT





Appointment Check-in

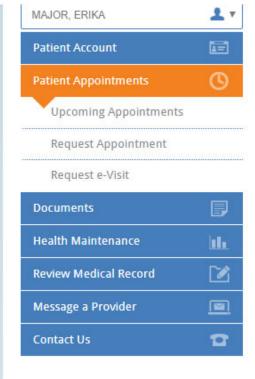
Thank you for checking in online today. The following steps of the check-in process will ask questions about your upcoming visit. Please try to provide as much detail as possible, this will help us better understand how to improve your wellness during your visit.

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- 7. Have you had any recent immunizations?
- 8. Medical History
- 9. Family History
- 10. Surgical History
- 11. Are you taking any new medications?
- 12. Tobacco History
- 13. Alcohol History

Please keep clicking next after you complete each section. Some sections may not appy to you. Just click next to go to the next section.



Appointment Check-in Process

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.



Complete Check-in Process

Complete Check-in Process

Thank you for checking in online today. The following steps of the check-in process will ask questions about your upcoming visit. Please try to provide as much detail as possible, this will help us better understand how to improve your wellness during your visit.

Check-in Completed

Please click the Complete Check-in Process button below to exit the process.

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- 12. Tobacco History
- 13. Alcohol History
- ✓ 14. GENETIC HX
- ✓ 15. INFECTION HX
- 16. Menstrual Hx

Complete Check-in Process

Once the check in process is complete, the 'Next' button will disapear and you will see 'Complete Check-in Process' at the bottom of the page. Click this to begin your virtual appointment.

You made it!

This is where the video of yourself will appear. Please be patient and your provider or their assistant will appear on the video to the right shortly.

Call us if you have any questions or need any help.

Thank you for being patient and being our patient!

Wait for your provider to join. Do not click 'End e-Visit' unless instucted to by our office.



If you exit this screen, you will have to go through the check in process all over again.

If you microphone malfunctions you can type in questions and responses down here. Make sure to click send when you are done typing



Your Questions