

# Save Time with eCheck-In through MyChart

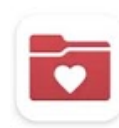
If you have an active MyChart account, you can complete the eCheck-In process before your scheduled visit. Your eCheck-in can be completed using a computer and web browser or using a mobile device with the MyChart app.

## Download the MyChart App On Your Mobile Device

Downloading the MyChart app is the easiest way to complete an eCheck-in on your mobile device. If you would rather use a computer for eCheck-in, you can skip this step.

## App Instructions

1. Open Google® Play or Apple® App Store
2. Search for “Epic MyChart”
3. Install the MyChart app

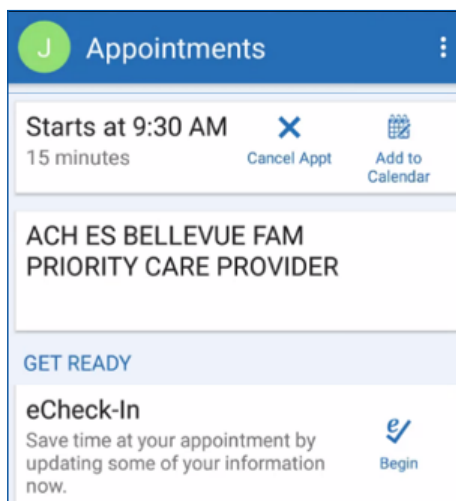


MyChart  
Epic Systems Corporation

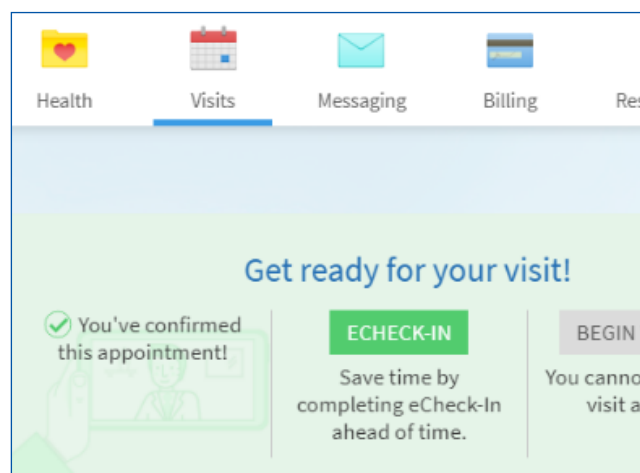
## Up to 48 Hours Before Your Visit – Complete eCheck-In

If you are using a computer, visit [Memorial.org/patient-portal](https://Memorial.org/patient-portal) and log into MyChart web, open the appointment details page for your scheduled visit. If you are using a mobile device, log into the MyChart mobile app and open the appointment details page for your scheduled visit and click **eCheck-In**.


Mobile Device



Computer



Verify Your Personal Information

Contact Information 

📍 12345 New St  
Herndon VA 20171

🏠 952-738-2614  
📱 952-738-2614  
✉ epicwebapps@co...

[Edit](#)

[Next](#) [Finish later](#)

## Step One: Review Your Personal Information


1. Need to make any changes?  
Click **Edit** below the information that you want to update. Enter the correct information, and save your changes.
2. Is everything correct? Click **Next**.

## Step Two: Review Your Medications


1. Need to remove a medication that you are no longer taking?  
Click **Remove** and add details of why you are no longer taking the medication.
2. Need to add a medication?  
Click **Report a medication** and type the name of the medication to select it from the list.
3. Need to add your pharmacy?  
Click **Add a pharmacy** and begin typing the first few letters of the pharmacy's name to select it from the list.
4. Is Everything Correct? Click **Next**.

Current Medications

Please review your medications and verify that the list is up to date. **Call 911 if you have an emergency.**

famciclovir 500 MG tablet  
Commonly known as: FAMVIR   
[Learn more](#)

Take 1 tablet (500 mg total) by mouth in the morning and 1 tablet (500 mg total) at noon and 1 tablet (500 mg total) in the evening.

 [Remove](#)

[+ Report a medication](#)


Select a Pharmacy for This Visit


You have no pharmacies on file.  
[+ Add a pharmacy](#)

[Next](#) [Back](#) [Finish later](#)

Current Allergies

Please review your allergies and verify that the list is up to date. **Call 911 if you have an emergency.**

 Acrylic Acid And Acrylates  
Added 2/24/2023  
[Learn more](#)

 [Remove](#)

[+ Report an allergy](#)

[Next](#) [Back](#) [Finish later](#)

## Step Three: Review Your Allergies

1. Need to add an allergy?  
Click **Report an allergy** and begin typing the first few letters of the allergy to select it from the list.
2. Is Everything Correct?  
Click **Next**.

**Current Health Issues**  
Please review your health issues and verify that the list is up to date. **Call 911 if you have an emergency.**

[+ Report a health issue](#)

**Health Issues You Reported**

Fast heart beat  
Added 7/9/2024  
[Learn more](#)

[Remove](#)

[Next](#) [Back](#) [Finish later](#)

## Step Four: Review Your Health Issues

1. Need to add a health issue?  
Click **Report a health issue** and begin typing the first few letters of the health issue to select it from the list.
2. Is everything correct? Click **Next**.

## Step Five: Complete Questionnaires

In this step of the eCheck-In process, you will be prompted to upload your identification card if one is not already on file. You may also be asked to complete other health related questionnaires.

1. Need to upload your identification card?  
Click **Add a document** to upload your identification card from your device.
2. Complete any health related questionnaires and submit your answers.

**Status** **Questionnaire**

Upload Patient Identification Card

[+ Add a document](#)

[Next](#) [Back](#) [Finish later](#)

**Patient Medical History**

Step 1 of 4  
Please fill out the following questionnaire. When available, data is pulled from your chart.

**Medical History**

Question	Response	Date first noted (approx)	Comments
Nerve / muscle disease	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Anemia	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

**Responsibility for Payment**

Test, Jane  
12345 New St  
Herndon VA 20171  
952-738-2614

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

\* Would you like to use insurance to pay for this appointment?  
[Use insurance](#) [Do not bill insurance](#)

**No coverage on file**

**Insurance on File**

You have no insurance on file.

[+ Add a coverage](#)

## Step Six: Verify Your Insurance

1. Complete the Responsibility for Payment questions.
  - a. Need to add insurance coverage?  
Grab your insurance card, and click **Use Insurance**.
2. Click **Add a Coverage** to enter the insurance coverage details and upload a photo of your insurance card.
  - a. MyChart will attempt to verify your insurance information. This process could take up to 45 seconds.

## Step Seven: Sign Your Documents

eCheck-In

Personal Info Medications Allergies Health Issues Questionnaires Insurance Sign Documents

Please review and address the following documents.

eGeneral Consent on Admission  
Not Signed Yet

Review and sign

Submit Back Finish later

Back to the home page

1. Click **Review and Sign** to review documents requiring signature.
2. After signing all documents, press **Submit**.  
**TIP:** If completing the eCheck-In process on a mobile device, rotate your device into landscape mode to provide additional space for signing.

## Step Eight: Complete eCheck-In

After you have completed the last step of the eCheck-In process, you will see a thank you message. You are now checked in and ready for your schedule appointment. **REMINDER: Before your appointment, please be sure to stop by registration to complete any remaining forms and receive you armband.**

eCheck-In Complete

Thanks for using eCheck-In!  
The information you've submitted is now on file.

CT ABDOMEN WOW CON

Thursday July 18, 2024  
5:25 PM EDT  
Add to calendar

CHI Memorial Hospital Georgia CT  
100 Gross Crescent Circle  
Fort Oglethorpe GA 30742-3643  
706-858-2000

