



# YOU CAN NOW CHECK IN FOR YOUR APPOINTMENT FROM YOUR HOME!

We are please to announce a new method to verify your information prior to arriving to your appointment at our office. It will only take a few minutes to complete prior to your appointment. Once you've arrived at the office, you will be able to notify the practice you are there and ready to be seen.

## 1 GETTING STARTED

To get started with this new method, it is simple:

1. Make sure you have given your cell phone number to our office staff
2. Let the staff know you want to be enabled for online check-in.

## 2 VERIFY IDENTITY & INFORMATION

After you've been enrolled, you can expect to receive a text message 2 days prior to your appointment that will be like the one below:

**To begin the process, click on the blue hyper link and it will walk you through the process of verifying your identity and your information.**

Text Message  
Thu, Nov 12, 9:02 AM

Andy John has an appt with Sam,Multi Willis on Saturday, November 14 at 9:15 AM. If you cannot keep this appt, please call the office to reschedule it. Click the link to begin checking in. Reply STOP to opt out.  
<https://msg.fm/54dfd7908d2f473a9aa74567c96ee3a2>

**\*\*Note: If you select stop, you will not receive any further Text Messages from our office. To re-enable texting you will need to send a message with the phrase: START to: 329674 to re-enable the feature.\*\***

# 3

## CONFIRM APPOINTMENT

The first screen will confirm your appointment date and time.  
Click the **Begin CHECK-IN** button to start the process.

Central Ohio Primary Care Cbo

Saturday,  
October 31, 2:00 PM EST Add to

Sam, Multi Willis, MD  
Central Ohio Primary Care Cbo  
655 AFRICA RD,  
WESTERVILLE, OH - 43082-9808

Contact us at: [614-326-2672](tel:614-326-2672)

**Begin CHECK-IN**

On the day of the appointment, notify us that you have arrived by clicking the button below.

I have arrived

Appointment information will display here

# 4

## VERIFY DATE OF BIRTH

Next you will be asked to verify your or the patient's date of birth.

Please enter in the patient's date of birth and then click on **Start CHECK-IN**

Hello Andy John,  
CHECK-IN to your appointment

Patient's Date of Birth

/  /

**Start CHECK-IN**

# 5

## REQUEST CODE & VERIFY

Next you will be able to choose to receive a voice message or a text message code as the final step to confirm your identity.

Select your preferred method and click Request Code.

Let's Verify Your Account

We need to verify your phone number for this appointment.

Select Phone Number

\*\*\* - \*\*\* - 1965

How would you like to receive the verification code?

Voice Message

Text Message

Request code

Verification

Enter the verification code sent to

\*\*\* - \*\*\* - 1965

984288

The code will expire in 5 minutes

Didn't receive verification code?

[Request new code](#)

Continue

Once the code has been received, enter it into the box and click on Continue.

# 6

## UPDATE PATIENT INFORMATION

The screenshot shows a patient information update form. The top section is titled "Patient Information" and contains a text input field with "Andy John Test" and "OH" below it. To the right of this field is a pencil icon. Below this are fields for "Cell Phone", "Home Phone", "Work Phone", and "Email", each with a pencil icon. The "Cell Phone" and "Home Phone" fields contain the number "614.555.1234". The bottom section is titled "Additional Contact" and has an "Add Contact" button. Below this is a confirmation question "Is the above information accurate?" and a "Looks good" button. Three callout boxes with arrows point to the pencil icons, the "Add Contact" button, and the "Looks good" button.

**Patient Information**

Andy John Test

OH

Cell Phone  
614.555.1234

Home Phone  
614.555.1234

Work Phone

Email

**Additional Contact** Add Contact

Is the above information accurate ?

Looks good

Select the pencil icon to update your full address, phone number, and email address.

Select Add Contact to add emergency contacts to your account.

Once finished click Looks good.

# 7

## UPDATING INSURANCE

**You will be able to verify your insurance plan.**

**If it is correct then simply click the Looks good box.**

**If you need to update click Needs change.**


Insurance

AETNA HEALTH PLANS  
Relation To Insured: Self - patient is the insured  
Subscriber ID: \*\*\*\*\*5689


Needs change

Looks good


**Adding New Insurance?  
Capture the front and back of the card and then click Looks good**

 Add New Insurance

Capture front image




Capture back image




Cancel


Looks good

 Insurance card image has been uploaded successfully

Capture front image



Capture back image



Cancel

Looks good

# 8

## CONSENT FORM

**You will be asked to review and Accept the Consent(s). You will simply need to click on Accept.**

### Consent(s)

#### Consent Form

##### **General Consent for Treatment**

*I have selected Central Ohio Primary Care Physicians, Inc. as my medical provider. I am presenting to COPC, and I consent to the services, treatments, and procedures performed and ordered by my physician(s) and other healthcare providers, which may be performed during an episode of care, including, but not limited to, those rendered in person and via electronic means such as telemedicine. I acknowledge that medicine is not an exact science, my diagnosis and treatment may involve risk of injury or even death, and no guarantees can be made to me as to the results of examinations or treatments during any episode of care, and I elect to receive Services with full understanding of this information and these potential risks.*

Accept

# 9

## UPDATING MEDICAL HISTORY

**You will next be asked to review your medications, you can add any corrections or additions to the comment section and then click Next**

Please review and comment if any changes are required in your medications(s) listed below

Lisinopril-Hydrochlorothiazide 20-25 MG  
1 tablet Orally Once a day 30 day(s)

Zyrtec Allergy(Cetirizine HCl) 10 MG 1  
tablet Orally Once a day 30 day(s)

Add your comment

Next

# 10

## UPDATING MEDICAL HISTORY

**Your Allergies will display next, add any corrections or additions to the Comments box and click Next**

Please review and comment if any changes are required in your allergy list below

### Allergies

Name	Reaction
Penicillin G Sodium	anaphylaxis

Add your comment

Next

**The same type of boxes will appear with your Hospitalization and Surgical Histories. Make any changes or additions in the comment box and click Next.**

Please review and comment if any changes are required in your hospitalization(s) listed below

### Hospitalizations

Reason	Date
--------	------

-None other than for surgery

Add your comment

Next

Please review and comment if any changes are required in your surgical history listed below

### Surgical History

Reason	Date
--------	------

Tonsillectomy and adenoidectomy

Add your comment

Next

# 11

## COVID-19 SCREENING

If your appointment facility has any questionnaires they would like answered they will appear here. Click on start to complete the form/question.

Medical Forms

CoVid Screening Start

Next

< >

CoVid Screening

Please complete the following

CoVid Screen

Do you or the patient have a fever?

Yes

No

What is the Temperature

100

Cancel Save

Currently will not accept (.x) Use whole number.

Answer all of the questions, by scrolling down and then click save.

Once all of your forms are completed, hit Next.

Medical Forms

CoVid Screening Completed

Next



# 12

## CHECK-IN COMPLETE

You are now checked in for your visit and the practice is updated.

Once you arrive for your appointment, you will be able to click on the I have arrived button and await instructions from the office.



Check-in Complete

Saturday,

November 14, 9:15 AM EST



Add to

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