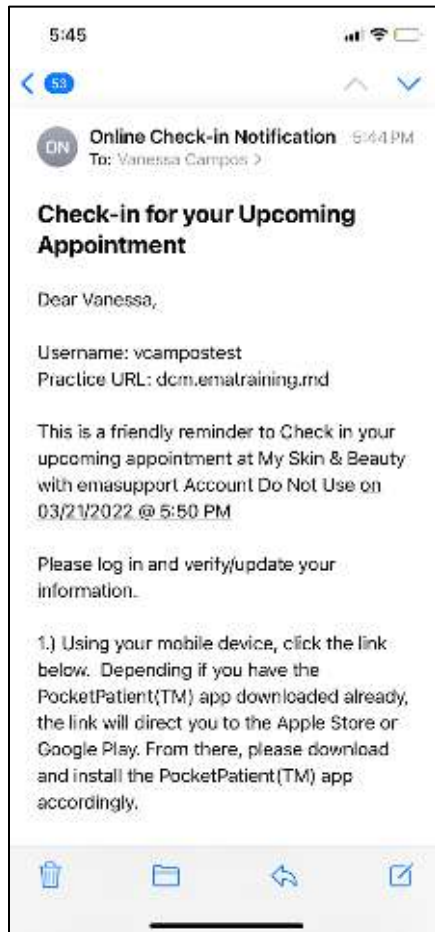


Online Check-In Process

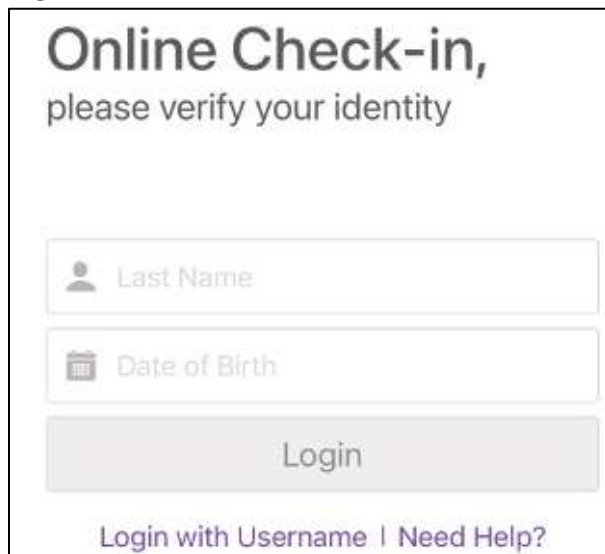
You will receive an email message from your office to complete your online check-in for your upcoming appointment.

Start Online Check-In

1. Download the **Pocket Patient app** on your mobile device.



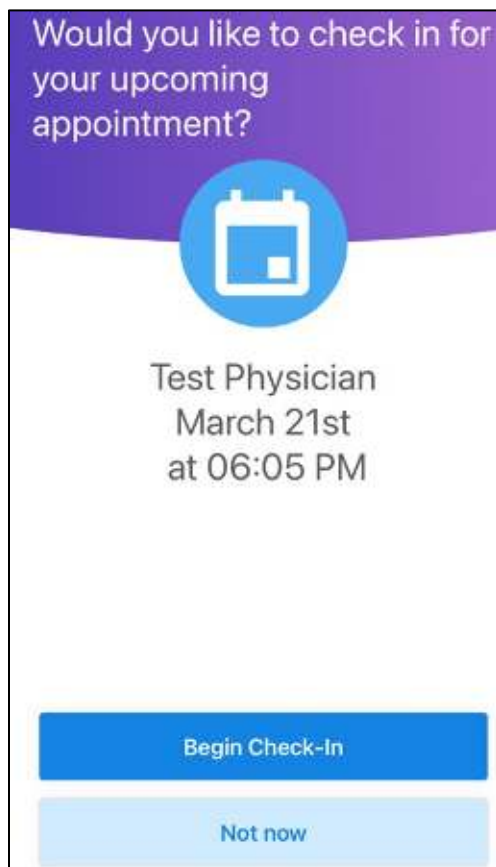
2. Click the link in the SMS text or the email you have received. Enter Last Name and Date of Birth and select **Login**.

A screenshot of a web-based verification form. The title is 'Online Check-in, please verify your identity'. There are two input fields: the first is labeled 'Last Name' with a person icon, and the second is labeled 'Date of Birth' with a calendar icon. Below these fields is a large grey button labeled 'Login'. At the bottom of the form, there is a link that says 'Login with Username | Need Help?'.

3. Click Get Started.



4. A pop-up will present asking to check in for the upcoming appointment. Select **Begin Check-In** to initiate this process.




5. Selecting **Not now**, you will have the ability to initiate the process at a later time by tapping Online Check-in for Appointment from the Home Screen.
6. First verify your demographic information on file. If the information is correct, please select **Yes** and then **Next**. If the information is incorrect, select **No** and a disclaimer will state that after you complete the check-in process to please notify the practice to update your demographic information.

Before we get started, let's verify your information

First Name	Last Name
<input type="text" value="Vanessa"/>	<input type="text" value="Campos"/>

Date of Birth



Address Line 1

Address Line 2

City	State	Zip Code
<input type="text" value="Weston"/>	<input type="text" value="Florida"/>	<input type="text" value="33327"/>

Country

Is the information correct?

• • •

7. Next, you will verify the insurance information on file. If the information is correct, Select **Yes** and then **Next**.

Now let's verify your insurance information

BCBS FL BLUE - HMO 123

Policy	Group
12345678	None Specified

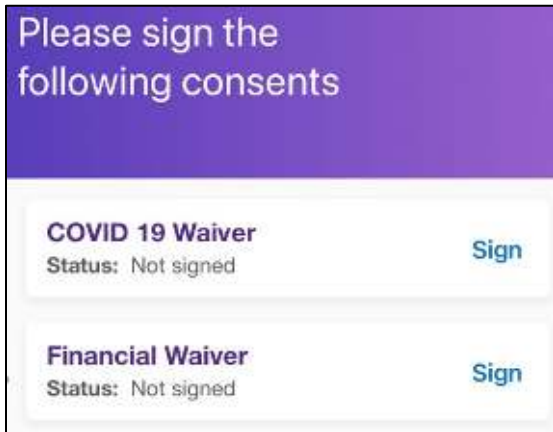
Policy Holder	Policy Holder Contact
None Specified	None Specified

Is this insurance information correct?

8. If the information is incorrect, Select No and a disclaimer will state that after the patient completes the check-in process please notify the practice to update your insurance information.

Review and Sign Waivers

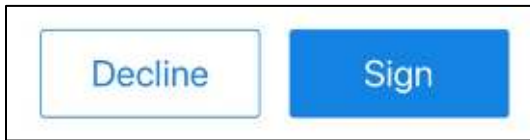
1. After verifying your demographic and insurance information, you will be brought to the consent screen which will allow you to sign any waiver that has been designated by the practice. You will select Sign next to the corresponding waiver.



Please sign the following consents

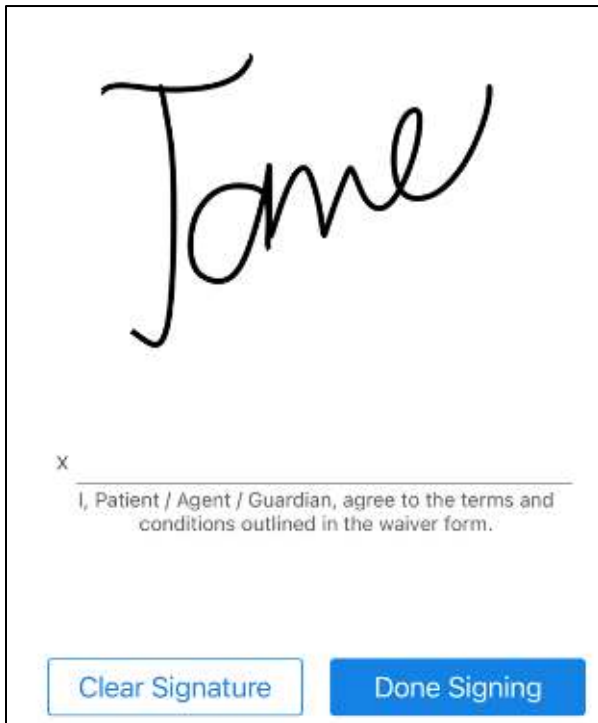
COVID 19 Waiver Status: Not signed	Sign
Financial Waiver Status: Not signed	Sign

2. You can review the waiver and select **Sign** when ready to sign the form.



Decline Sign

3. Once you are complete signing the form, select **Done Signing**



Jane

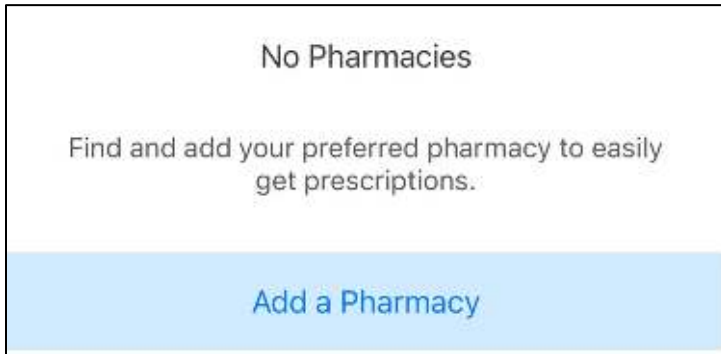
x
I, Patient / Agent / Guardian, agree to the terms and conditions outlined in the waiver form.

Clear Signature Done Signing

4. A confirmation of the signed waiver will display and you can select **Next**.



5. You will then select your preferred pharmacy by tapping **Add a Pharmacy**.



Update Medical Information

1. After signing any waivers designated by the practice, you will be brought to your medical health section to enter and/or update your Past Medical History, Specialty-Specific History, Medications, Allergies, and Social History.



2. You must complete all sections before the **Done** option becomes available.

Complete Check-In

1. Once you complete all steps, you will receive a confirmation message. Tap **OK** to complete.