

LCMC Health video visits

Meeting with your provider through our Video Visits is a great way to talk with your doctor from the convenience of home or work. You can use a web browser on your computer or mobile device to start a video visit. This tip sheet is an easy step by step guide on starting a scheduled video visit with your provider.



Connecting to the Video Visit – Before your visit

To begin a Video Visit with your provider, you **must** have an active **LCMC Health Patient Portal** account.

Don't have one? Visit patientportal.LCMChealth.org/MyChart to enroll. You must login to your account to begin the video visit before your care team can connect with you for the visit. **Okay, I'm all set with my account. What's next?**



Step 1

In the LCMC Health Patient Portal, enter your Username and Password. Click **sign in**.

The screenshot shows the LCMC Health Patient Portal login page. The page features the LCMC Health logo at the top. Below the logo, there is a section for Coronavirus (COVID-19) with a 'Learn More' button. The main content area is divided into three columns. The left column contains links for 'Access your test results' and 'Get all your health information in one place'. The middle column contains a link for 'Request prescription refills'. The right column contains the login form with fields for 'MyChart Username' and 'Password', a 'SIGN IN' button, and links for 'Forgot Username?', 'Forgot Password?', 'New User?', and 'SIGN UP NOW'. The 'MyChart Username' and 'Password' fields are highlighted with a red box, and the 'SIGN IN' button is highlighted with a green box.



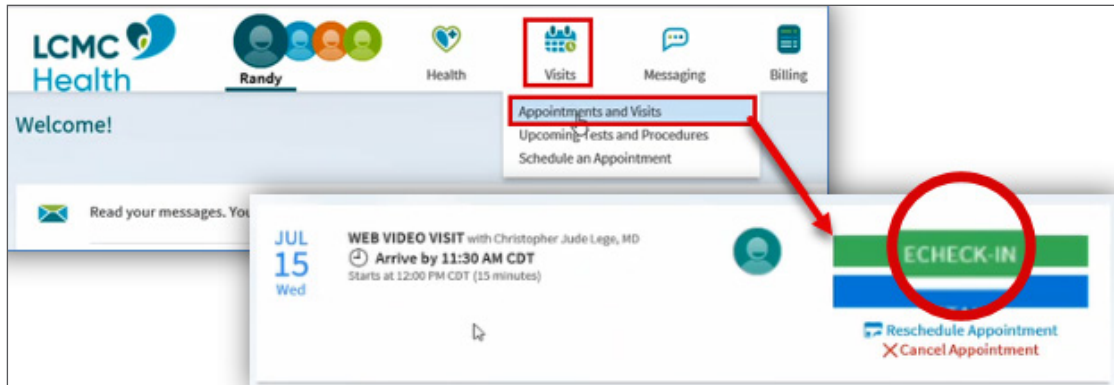
LCMC Health video visits



Step 2

Once you log in, go to the **Visits** activity and select the **Appointments and Visits** option to click the **eCheck-in** button, which starts the video.

Important: You **must** click the eCheck-In button to start the video. This step can't be skipped.



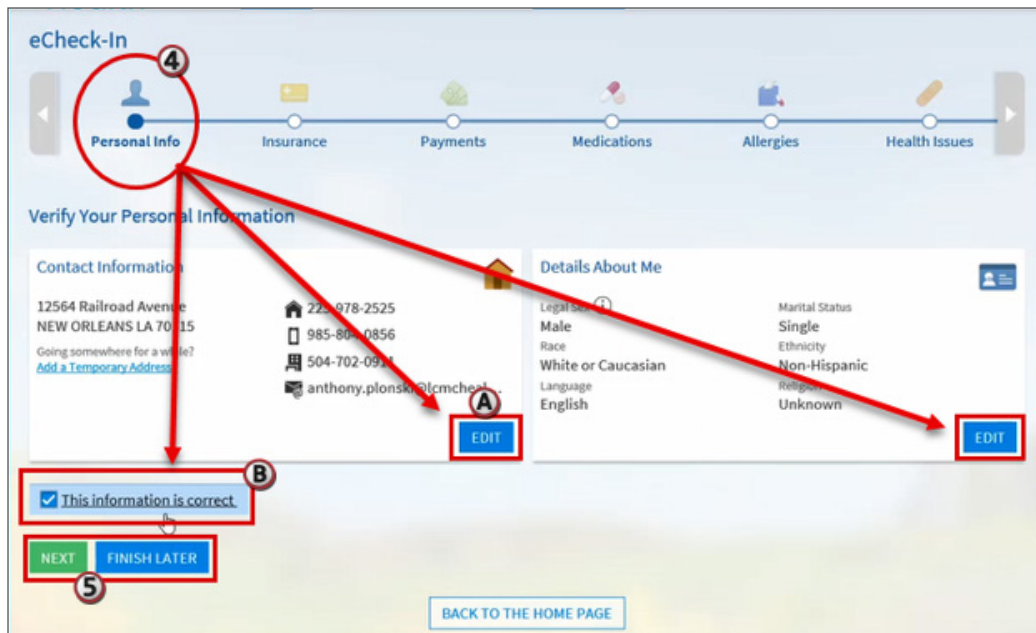
Step 3

Once you click eCheck-In, you will be directed to the **Personal Info** screen.

- Click the **Edit** button to add, update, or change any contact and personal information.
- If nothing needs to be changed, select the **"This information is correct"** checkbox.

Step 4

Click **Next** to move to the next step or to exit eCheck-In and finish later. Click the **Finish Later** button.





Step 5

Next, you will verify your **Insurance** and coverage information.

Hint: All information that has a red star is required information–You **must** make a selection in these fields.

- If an insurance card is not on file or additional insurance card(s) needs to be added, you can click **Add a Coverage** and add a saved insurance card image to your account.
- If an insurance card is currently on file, you can **update coverage, replace insurance card photos** or **remove coverage** using the selections under that insurance card image. Insurance information appears beneath the insurance card image in the Pending Review section.
- If nothing needs to be changed, select the **“This information is correct”** checkbox.
- Click the **Back** button to go back to the previous screen. Click the **Next** button to move to the next step. Click the **Finish Later** button to exit and finish later.

eCheck-In

Personal Info **Insurance** Payments Medications Allergies Health Issues

Responsibility for Payment

Smith, Randy
12564 Railroad Avenue
BATON ROUGE LA 70801
225-978-2525

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

Insurance on File

Cigna
Cigna
Subscriber Name
Smith, Randy
Subscriber
Number
XYZ234657895

Update coverage
Replace insurance card photos
Remove coverage

+ ADD A COVERAGE

Pending Review

Eatna Subscriber Name Smith, Randy Group Number 99999	Member Number 99999	Added	Blue Cross Blue Shield Subscriber Name Smith, Randy Group Number 1234	Subscriber Number XYZ234678345	Added
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This information is correct

BACK NEXT FINISH LATER

BACK TO THE HOME PAGE

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Step 6

Click **Next** to move to the Payments section.

Step 7

In the **Payments** section, you will have access to your outstanding balances, if any, and will have the option to pay the balances.

- Click the **checkbox** next to the Amount due or Other amount option to make a payment on the balance.
- Click the **"Pay outstanding balances later"** checkbox to pay the balances at a later time.
- Click **Continue** to move the next step.

eCheck-In

Personal Info Insurance **Payments** Medications Allergies Health Issues

Please select the amounts you wish to pay below. If you are unable to pay now, you can pay later.

Your Outstanding Balances

Account #100000008

\$2,615.12 (Amount due) **A**

Other amount

Pay outstanding balances later **B**

BACK **CONTINUE** FINISH LATER **C**



Step 8

Next, you will have the opportunity to update your **Medications**.

- Click **Remove** on a medication to have it removed from your medication list.
- Click **Add A Medication** to add a new medication to the medication list.
- Click **Add a Pharmacy** to add a preferred pharmacy of choice.
- If a pharmacy is already listed, click the **radio button** to select that pharmacy as the preferred pharmacy. If you wish to **delete** the pharmacy listed, click the delete icon to the far right of the listed pharmacy.
- If nothing needs to be changed, select the **"This information is correct"** checkbox.
- Click **Next** to move to the next step.

The screenshot shows the 'eCheck-In' interface with a progress bar at the top. The 'Medications' step is highlighted with a red circle. Below the progress bar, the 'Current Medications' section lists three medications: levETIRAcetam 250 MG tablet, acetaminophen 325 MG tablet, and fluticasone propionate 50 mcg/actuation nasal spray. Each medication entry has a 'Remove' button. A red box labeled 'A' highlights the 'Remove' button for the first medication. A red box labeled 'B' highlights the '+ ADD A MEDICATION' button. Below the medications, the 'Select a Pharmacy for This Visit' section shows a list of pharmacies. The first pharmacy, 'CA Pharmacy 10.6MU - Sonoma, CA - 65432 Cabernet Turn', is selected with a radio button. A red box labeled 'C' highlights the '+ Add a pharmacy' button. A red box labeled 'D' highlights the radio button for the selected pharmacy. A red box labeled 'E' highlights the checkbox 'This information is correct'. At the bottom, there are three buttons: 'BACK', 'NEXT', and 'FINISH LATER'. A red box labeled 'F' highlights the 'NEXT' button. A 'BACK TO THE HOME PAGE' button is also present at the bottom.

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Step 9

Next, verify any **Allergies** on file.

- Remove an allergy by moving your mouse over a current allergy and click **Remove**.
- Click **Add an Allergy** to add new allergy
- If nothing needs to be changed, select the **"This information is correct"** checkbox.
- Click **Next** to move to the next step.

eCheck-In

Personal Info Insurance Payments Medications **Allergies** Health Issues

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

Sulfa (Sulfonamide Antibiotics)
Hives
Added 7/3/2014
Learn more

Hover your mouse here REMOVE

+ ADD AN ALLERGY

This information is correct

BACK NEXT FINISH LATER

BACK TO THE HOME PAGE



Step 10

Next, you can verify your **Health Issues**. These problems are filled by what's already documented in your chart.

- Remove a problem by moving your mouse over the specific problem and click **Remove**.
- Add a problem by clicking **Add a Health Issue**.
- If nothing needs to be changed, select the **"This information is correct"** checkbox.
- Click **Next** to move to the next step.

eCheck-In

Personal Info Insurance Payments Medications Allergies **Health Issues**

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

HTN (hypertension)
Added 6/25/2014
Learn more

Broken arm
Added 6/26/2014
Learn more

Pain
Added 12/4/2015
Learn more

Chest abrasion, left, initial encounter
Added 11/2/2017
Learn more

Type 2 diabetes mellitus without complication, with long-term current use of insulin
Added 3/3/2020
Learn more

Suspected COVID-19 virus infection
Added 4/9/2020
Learn more

+ ADD A HEALTH ISSUE

This information is correct

BACK NEXT FINISH LATER

BACK TO THE HOME PAGE



Step 11

Next, answer the Communicable Disease Screening questions. Remember the red star is a required field. Answer all questions, click **Continue** and **Submit** at the verification screen.

eCheck-In

Personal Info Insurance Payments Medications Allergies Health Issues

Communicable Disease Screening

For an upcoming appointment with **Christopher Jude Lege, MD** on 7/15/2020

* Indicates a required field.

* Do you have any of the following symptoms?
Select all that apply.

- None of these
- Abdominal pain
- Bruising or bleeding
- Chills
- Cough
- Diarrhea
- Fever
- Joint pain
- Loss of smell
- Loss of taste

* In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

Yes **No / Unsure**

CONTINUE CANCEL

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eCheck-In

Personal Info Insurance Payments Medications Allergies Health Issues

Communicable Disease Screening

For an upcoming appointment with **Christopher Jude Lege, MD** on 7/15/2020

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

Question	Answer
Do you have any of the following symptoms?	None of these
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	No / Unsure

BACK **SUBMIT** CANCEL



Step 12

After submitting all screenings and questionnaires, you will enter the **Primary Reason for Visit** information.

eCheck-In

Personal Info Insurance Payments Medications Allergies Health Issues

Primary Reason for Visit

For an upcoming appointment with **Christopher Jude Lege, MD** on 7/15/2020

* Indicates a required field.
* Please describe your symptoms.

having stomach pain

* Have you had these symptoms before?
 Yes No

How long have you been having these symptoms?
 Just today For a few days For a week For one to four weeks For more than a month

Please list any medications you are currently taking for this condition.
Pep



- The list is a list of common problems you can select from. If none of the listed problems fits your visit, you can select **other** and click continue to include a description for the Reason for Visit.
- If you choose Other, you will be directed to provide a description, as well as any medications you are taking, for Primary Reason for Visit.

eCheck-In

Personal Info Insurance Payments Medications Allergies Health Issues

Primary Reason for Visit

For an upcoming appointment with **Christopher Jude Lege, MD** on 7/15/2020

* Indicates a required field.
* Please describe your symptoms.

having stomach pain

* Have you had these symptoms before?
 Yes No

How long have you been having these symptoms?
 Just today For a few days For a week For one to four weeks For more than a month

Please list any medications you are currently taking for this condition.
Pep



Step 13

Once you submit your Reason for Visit, you will sign any needed consents. Click **Review and Sign** to display the consents in a separate window. Scroll through to review the consents and **Click to Sign** at the bottom of the consent.

Hint: Your signature will be added to the consent form once Click to Sign is selected.

eCheck-in

Payments

Please review and address the following items:

Louisiana Balance Billing Disclosure Notice

Once this step is completed, [BACK](#) [FINISH LATER](#)

Balance Billing Disclosure Notice			
Patient Name:	SMITH,RANDY	Date Of Birth:	6/23/1979
Guarantor Name:	SMITH,RANDY	Relationship to Patient:	Self
Payer Name:	CIGNA	Payer ID:	XYZ234657896
Insured Name:	SMITH,RANDY	Provider:	

Pursuant to Louisiana Revised Statute 22:1880, Touro Infirmary New Orleans is providing the above patient/guarantor with this notice and disclosing that as of July 15, 2020 they

with the above listed payor

Professional services rendered by independent healthcare professionals are not part of the hospital bill. These services will be billed to the patient separately.

Please understand that physicians or other healthcare professionals may be called upon to provide care or services to you or on your behalf, but you may not actually see, or be examined by, all physicians or healthcare professionals participating in your care, for example, you may not see physicians providing radiology, pathology, and EKG interpretation. In many instances, there will be a separate charge for professional services rendered by physicians to you or on your behalf, and you will receive a bill for these professional services that is separate from the bill for hospital services. These independent healthcare professionals may not participate in your health plan and you may be responsible for payment of all or part of the fees for the services provided by these physicians who have provided out-of-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles, and non-covered services.

We encourage you to contact your health plan to determine whether the independent healthcare professionals are participating with your health plan. In order to obtain the most accurate and up-to-date information about in-network and out-of-network independent healthcare professionals, please contact the customer service number of your health plan or visit its website. Your health plan is the primary source of information on its provider network and benefits. To help you determine whether the independent healthcare professionals who provide services at this facility are participating with your health plan, we have provided you with a complete list of the names and contact information for each individual or group which includes the name and contact information for each individual or group.

We encourage you to request information from your health insurance issuer as to whether these physicians are contracted with your health insurance issuer and under what circumstance you may be responsible for payment of any amounts not paid your health insurance issuer.

In addition to receiving a hard copy listing of our physician list during the registration process, we maintain a listing of these physicians on our website, who have been granted medical staff privileges to provide medical services at our facility. This list is updated as needed and can be found at <http://www.touro.com/content/billing.htm>

If you are receiving services in a hospital-based outpatient facility where the facility provides the use of the facility, medical, or technical equipment, supplies, staff, and services, please note the following. Depending on your health insurance benefit plan and the actual services furnished by the facility, you may receive a facility charge billed separately from the physician that covers the fees for the use of the facility, medical, or technical equipment, supplies, staff, and services.

Signature:

Date: July 15, 2020

Hospital Representative: [BACKGROUND_MYCHART](#)

Date: July 15, 2020

Interpreter Used?
Information about the Interpreter (Name/Service/Company/Cypracom #/etc.):

[CONTINUE](#) [CLEAR FORM](#) [CANCEL](#)

Louisiana Balance Billing Disclosure Notice

We encourage you to contact your health plan to determine whether the independent healthcare professionals are participating with your health plan. In order to obtain the most accurate and up-to-date information about in-network and out-of-network independent healthcare professionals, please contact the customer service number of your health plan or visit its website. Your health plan is the primary source of information on its provider network and benefits. To help you determine whether the independent healthcare professionals who provide services at this facility are participating with your health plan, we have provided you with a complete list of the names and contact information for each individual or group which includes the name and contact information for each individual or group.

We encourage you to request information from your health insurance issuer as to whether these physicians are contracted with your health insurance issuer and under what circumstance you may be responsible for payment of any amounts not paid your health insurance issuer.

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If you are receiving services in a hospital-based outpatient facility where the facility provides the use of the facility, medical, or technical equipment, supplies, staff, and services, please note the following. Depending on your health insurance benefit plan and the actual services furnished by the facility, you may receive a facility charge billed separately from the physician that covers the fees for the use of the facility, medical, or technical equipment, supplies, staff, and services.

Signature:

Date: July 15, 2020

Hospital Representative: [BACKGROUND_MYCHART](#)

Date: July 15, 2020

Interpreter Used?
Information about the Interpreter (Name/Service/Company/Cypracom #/etc.):

[CONTINUE](#) [CLEAR FORM](#) [CANCEL](#)

Signature:

Date: July 15, 2020

Hospital Representative: [BACKGROUND_MYCHART](#)

Date: July 15, 2020

Interpreter Used?
Information about the Interpreter (Name/Service/Company/Cypracom #/etc.):

[CONTINUE](#) [CLEAR FORM](#) [CANCEL](#)

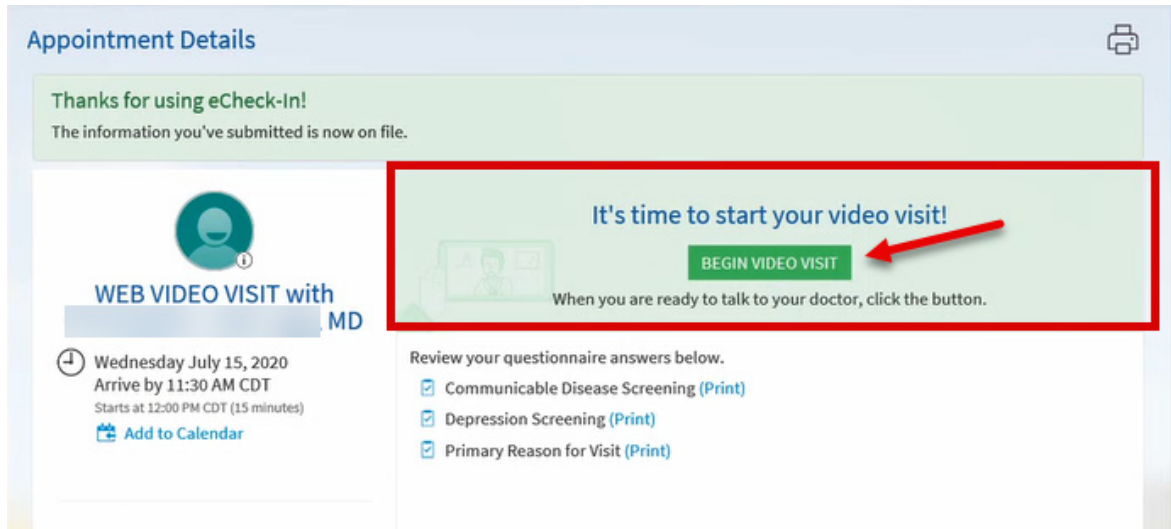
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Step 14

Click **Continue**.

Step 15

Once all eCheck-In steps have been completed, you're all set! You'll see a message stating "It's time to start your video visit!" Click the "**Begin Video Visit**" button when you are ready to talk to your doctor.



The screenshot shows the 'Appointment Details' page. At the top, it says 'Thanks for using eCheck-In!' and 'The information you've submitted is now on file.' Below this, there's a section for 'WEB VIDEO VISIT with [Redacted] MD'. The appointment is for Wednesday, July 15, 2020, at 11:30 AM CDT, starting at 12:00 PM CDT (15 minutes). There's an 'Add to Calendar' button. To the right, there's a section titled 'Review your questionnaire answers below.' with three items: 'Communicable Disease Screening (Print)', 'Depression Screening (Print)', and 'Primary Reason for Visit (Print)'. A large green box with a red border highlights the message 'It's time to start your video visit!' and the 'BEGIN VIDEO VISIT' button. A red arrow points to the button. Below the message, it says 'When you are ready to talk to your doctor, click the button.'



Once you click Begin Video Visit, it will send a notification to your provider that you have completed all documentation and are ready to begin the visit. At this point, you'll wait for the provider to arrive into the video visit.