MyChart eCheck In

1. On your computer, navigate to MyCHArt from the CHA website in a Chrome browser.

*Chrome browser preferred. Mozilla Firefox, Microsoft Edge, and Apple Safari compatible.
Patient User Guide

**a** Enter Username and Password

Enter your **MyCHAUsername** and **Password**. Then, click **SIGN IN**.

**b** Select Appointments And Visits

Choose from options such as **Appointments and Visits** and **Schedule an Appointment**.

**c** Click eCheck In

For an example appointment, select **OFFICE 40 NEW** with Erika Swanson, PA-C. Arrive by 10:45 AM EDT. The appointment starts at 11:00 AM EDT (40 minutes later). Contact information includes 300 Broadway, Somerville MA 02145-2935, and 617-591-6900. Use the **ECHECK-IN** and **DETAILS** options for more information.

**d** MyChart eCheck In Steps: Patient Information, Guarantor, Insurance, Documents, Medications, Allergies, Health Issues, Travel Screening, Questionnaires, and Barcode

The eCheck-In process includes options for Personal Info, Insurance, Sign Documents, Medications, Allergies, and Health Issues.

---

**Need Help?**

Call Health Information Management (HIM) at (617) 381-7266 from 8:00 AM - 4:30 PM ET Monday - Friday. Email us at mycharthelp@challiance.org. Use our online form: https://www.challiance.org/help-center/mychart-contact-us-form
Review/Edit Contact Information

330 Highland St
SOMERVILLE MA 02143

617-555-1111
708-789-5800
Josuarez Ramirez
josuarez@challiance.org

Review/Edit Details About Me

Preferred Name
Not entered
Gender Identity
Female
Sexual Orientation
Choose not to disclose
Race
White
Ethnic Background
Mexican
Religion
Catholic

Legal Sex
Female
Sex Assigned at Birth
Female
Marital Status
Married
Ethnicity
Not Hispanic, Latino/a, or Spanish origin
Language
English

Once The Information Reviewed/Edited, You Will Click The “This information is correct” Check Box. Then Click The Next Button.

This information is correct

NEXT FINISH LATER

Need Help?

Call Health Information Management (HIM) at (617) 381-7266 from 8:00 AM - 4:30 PM ET Monday - Friday
Email us at mycharthelp@challiance.org
Use our online form: https://www.challiance.org/help-center/mychart-contact-us-form
Review/Update/Remove Coverage And Add Insurance Card Images

- Bcbs - Ma
- Bcbs - Hmo
- Subscriber Name: John Doe
- Subscriber Number: 123456789

ADD INSURANCE CARD PHOTOS
Uploading images of your card now will help speed up the check-in process for your next visit.

Update coverage
Remove coverage

Once The Information Reviewed/Edited, You Will Click The “This information is correct” Check Box. Then Click The Next Button.

This information is correct
NEXT
FINISH LATER

Need Help?
Call Health Information Management (HIM) at (617) 381-7266 from 8:00 AM - 4:30 PM ET Monday - Friday
Email us at mycharthelp@challiance.org
Use our online form: https://www.challiance.org/help-center/mychart-contact-us-form
Review And Sign Documents By Clicking Review And Sign

If Consent And Electronic Records Form Is Previously Signed It Will Not Appear In The List

Review Document

Click To Sign And Click Continue

Once The Documents Are Signed, You Will Click The Next Button

Once this step is completed, documents will be submitted for clinic review.

BACK NEXT FINISH LATER

Need Help?

Call Health Information Management (HIM) at (617) 381-7266 from 8:00 AM - 4:30 PM ET Monday - Friday
Email us at mycharthelp@challiance.org
Use our online form: https://www.challiance.org/help-center/mychart-contact-us-form
Review/Remove Medications

**aspirin-acetaminophen-caffeine 250-250-65 MG per tablet**
Commonly known as: EXCEDRIN MIGRAINE
Learn more

Take 250 tablets by mouth 2 (two) times daily test notes

Remove

Add New Medications

ADD A MEDICATION

Once The Information Reviewed/Edited, You Will Click The “This information is correct” Check Box. Then Click The Next Button.

This information is correct

NEXT FINISH LATER

Need Help?

Call Health Information Management (HIM) at (617) 381-7266 from 8:00 AM - 4:30 PM ET Monday - Friday
Email us at mycharthelp@challiance.org
Use our online form: https://www.challiance.org/help-center/mychart-contact-us-form
Review/Remove Allergies

Pollen Extract
Cough
Added 6/17/2020
Learn more

Add New Allergies

Once the information reviewed/edited, you will click the “This information is correct” check box. Then click the next button.

This information is correct

Next Finish Later

Need Help?
Call Health Information Management (HIM) at (617) 381-7266 from 8:00 AM - 4:30 PM ET Monday - Friday
Email us at mycharthelp@challiance.org
Use our online form: https://www.challiance.org/help-center/mychart-contact-us-form
Review/Remove Health Issues

Diabetes mellitus (HCC)
Added 1/1/2015

Learn more

Add New Health Issues

Once The Information Reviewed/Edited, You Will Click The “This information is correct” Check Box. Then Click The Next Button.

This information is correct

NEXT FINISH LATER

Need Help?
Call Health Information Management (HIM) at (617) 381-7266 from 8:00 AM - 4:30 PM ET Monday - Friday
Email us at mycharthelp@challiance.org
Use our online form: https://www.challiance.org/help-center/mychart-contact-us-form
Review Travel History

**China**  
July 1 - 4, 2020  
Number of days: 4

Add New Travel History

Once The Information Reviewed/Edited, You Will Click The “This information is correct” Check Box. Then Click The Next Button.

This information is correct

NEXT FINISH LATER

Need Help?
Call Health Information Management (HIM) at (617) 381-7266 from 8:00 AM - 4:30 PM ET Monday - Friday  
Email us at mycharthelp@challiance.org  
Use our online form: https://www.challiance.org/help-center/mychart-contact-us-form
Complete Questionnaire

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
- Muscle pain
- Rash
- Red eye
- Severe headache
- Shortness of breath
- Sore throat
- Vomiting
- Weakness

In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?
- Yes
- No / Unsure

Once The Information Edited, You Will Click The Continue Button

Once The Responses Have Been Reviewed, You Will Click The Submit Button

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

Need Help?
Call Health Information Management (HIM) at (617) 381-7266 from 8:00 AM - 4:30 PM ET Monday - Friday
Email us at mycharthelp@challiance.org
Use our online form: https://www.challiance.org/help-center/mychart-contact-us-form
MyChart eCheck In Is Now Complete. You Can Print This Confirmation By Clicking The Print Button. Once You Have Reviewed The Information, You Can Log Out.

**eCheck-In Complete**

**Thanks for using eCheck-In!**

The information you've submitted is now on file. Scan this barcode at the check-in kiosk when you arrive to save time. You can use the MyCHApt app or a printed barcode.

When you arrive, you may need to:
- Scan Insurance Card
- Sign Documents
- Complete Your MSPQ
- Verify Emergency Contacts

[PRINT YOUR BARCODE] [BACK TO APPOINTMENT DETAILS]

---

**Need Help?**

Call Health Information Management (HIM) at (617) 381-7266 from 8:00 AM - 4:30 PM ET Monday - Friday
Email us at mycharthelp@challiance.org
Use our online form: https://www.challiance.org/help-center/mychart-contact-us-form