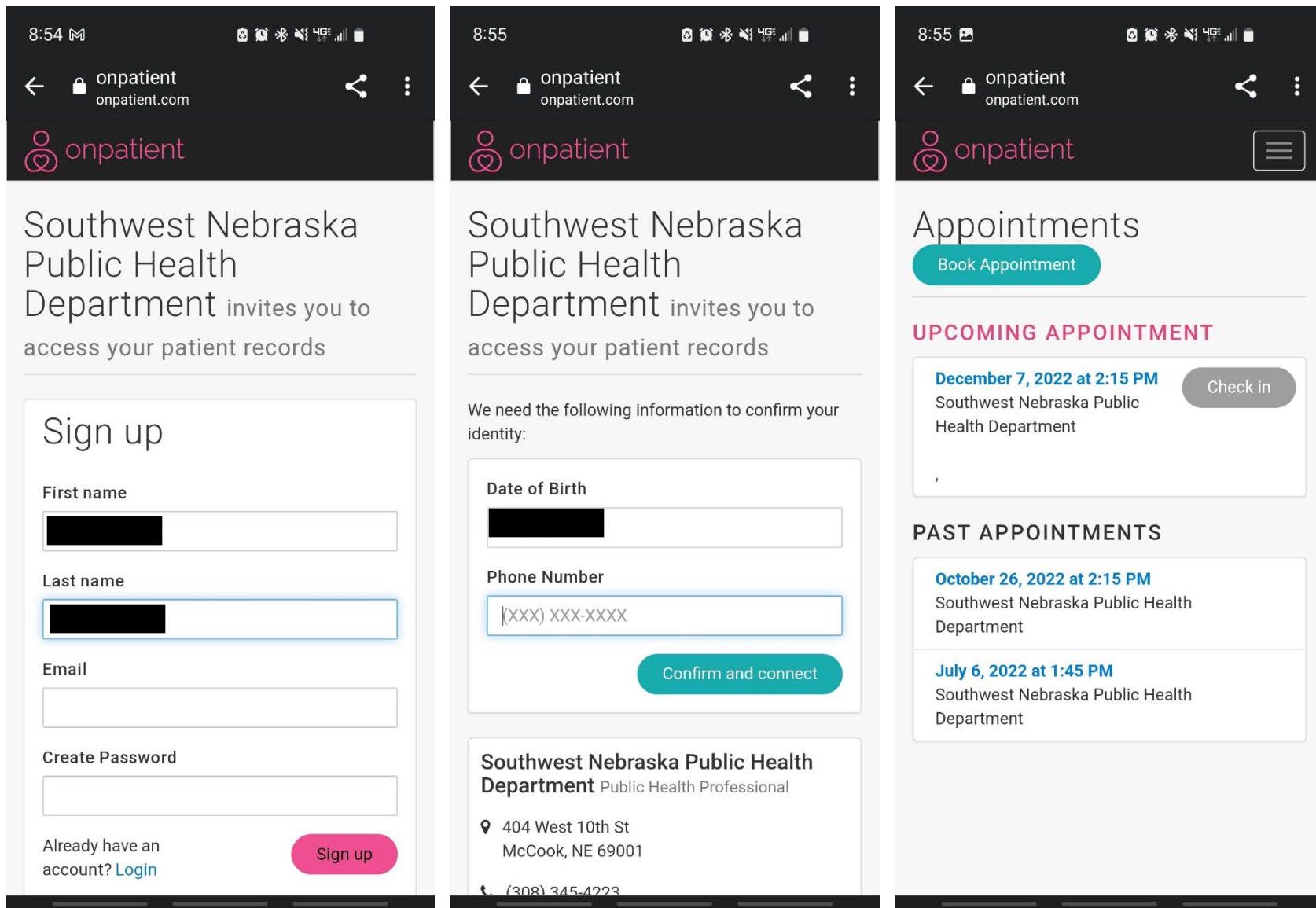


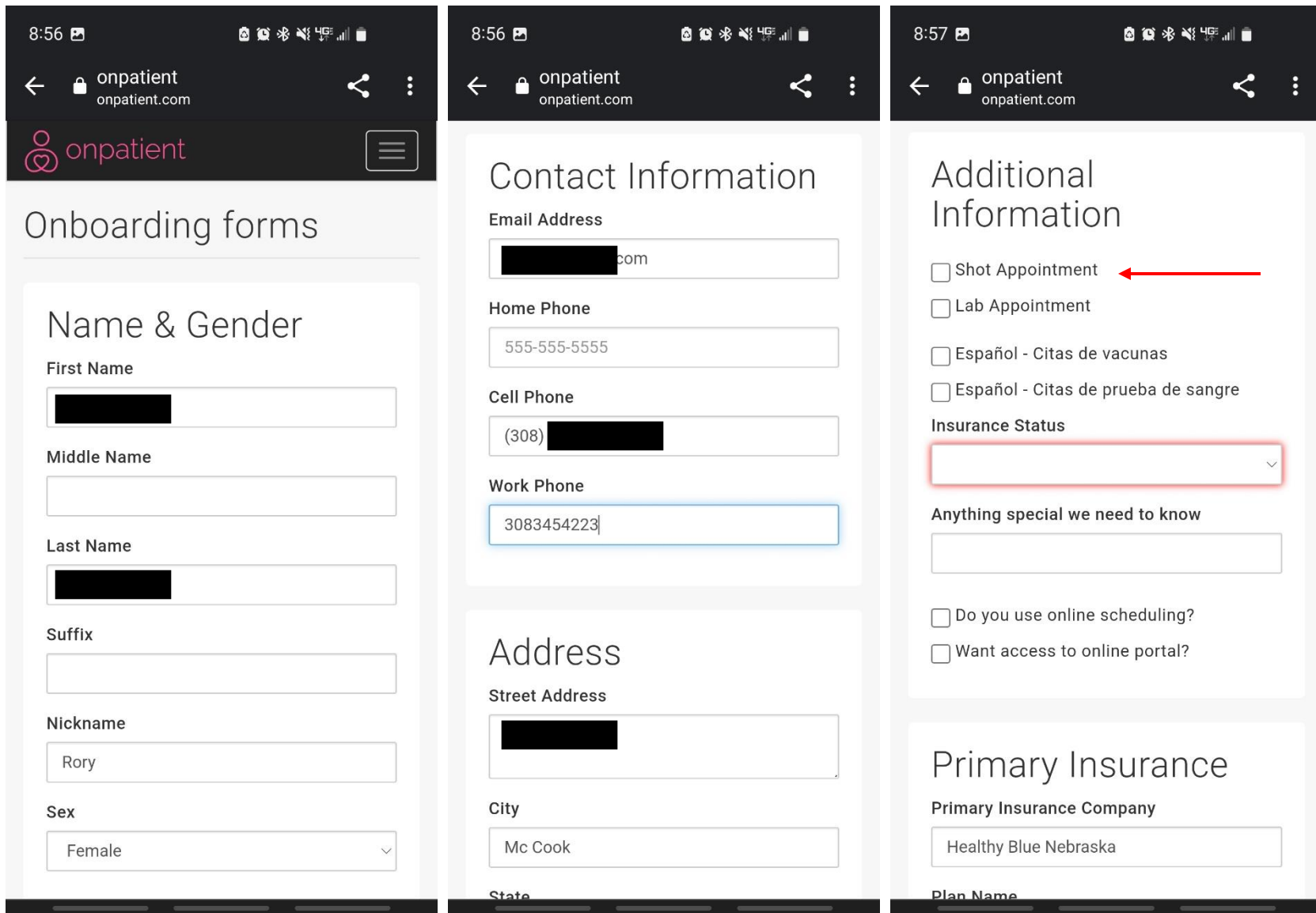
Welcome to SWNPHD's online check in! If you experience issues with the check in process, please call the office at 308-345-4223.



Sign up with your name, email, and the date of birth and phone number you gave when you made your appointment.

Once you are logged in you will see a page with your upcoming appointment. Click the **Check in** button on the date of your upcoming appointment.

Next go through the onboarding questions to make sure all your information is up to date or enter any missing information.



Click the box next to your type of appointment, either Shot Appointment or Lab Appointment.

Then fill out the appointment screening questions in the Additional Information section.

Tap the dropdown arrow on each box to bring up the choices. If none of the choices apply to you, click None.

Do NOT enter your social security number. It is not needed.

8:59

Do you use online scheduling?
 Want access to online portal?

Value not valid.

Primary Insurance

Primary Insurance Company
Healthy Blue Nebraska

Plan Name
[Empty]

Insurance ID Number
[Redacted]

Group Number
[Empty]

Patient Student Status
[Empty]

Are you the insurance subscriber?

Consent & Signature

[Empty]

3:09

Are you the insurance subscriber?

First Name
John

Middle Name
[Empty]

Last Name
Doe

Suffix
[Empty]

Date of Birth
1981-01-01

Social Security #
###-##-####

Gender
Male

Relationship To Subscriber
[Empty]

Put in your insurance information if you have health insurance.

Uncheck the box next to "Are you the insurance subscriber?" if your insurance is under someone else's name, like a parent or spouse.

Then fill out their information in the subscriber section. Do NOT enter their social security number, just their name and birthdate.

8:59

Insurance ID Number

Group Number

Patient Student Status

Are you the insurance subscriber?

Value not valid.

Consent & Signature

2 unread consent forms		
<input type="checkbox"/>	Vaccination Consent Form	
<input type="checkbox"/>	HIPAA Data Use Agreement	Required

I'm done

FHIR API Documentation Terms of Service Privacy Policy Support © 2022 DrChrono Inc.

9:00

onpatient
onpatient.com

1 unread consent form

<input checked="" type="checkbox"/>	Vaccination Consent Form	
<input type="checkbox"/>	HIPAA Data Use Agreement	Required

DataUseAgreement.pdf

Open

Close

I've read this document

9:00

a045d13d-2018-...

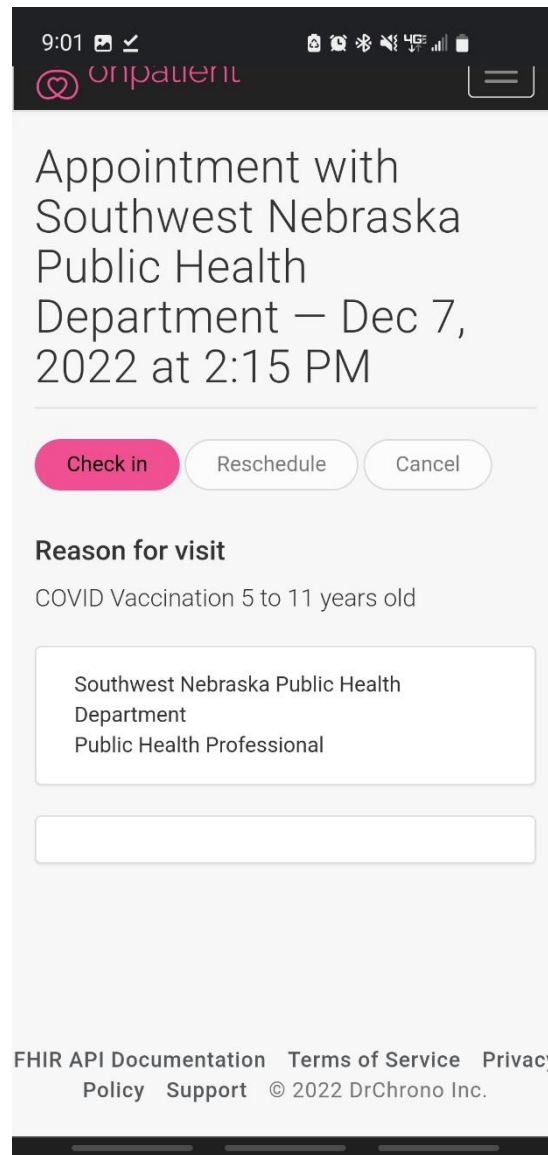
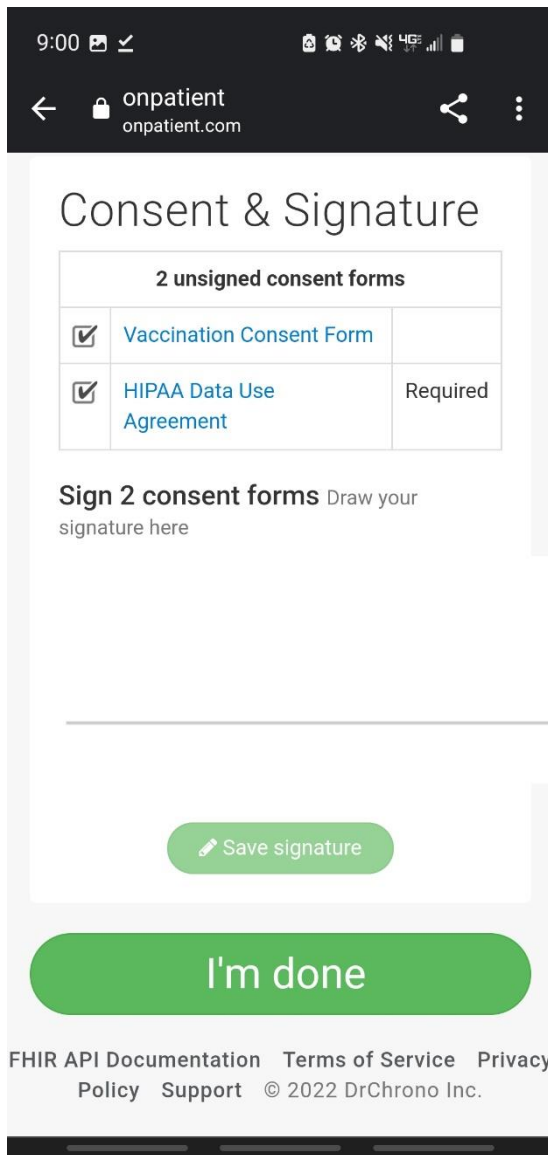
Vaccination consent form

I have received a copy of the Vaccine Information Statement(s) (VIS) given to me about the vaccine(s) the client is receiving today. I understand the vaccines given are based upon those recommended for the client's age, circumstances and/or available vaccine history. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and their presently know side effects. There is no guarantee of immunity or that the client will not experience an adverse reaction to the vaccine(s). In the event of adverse side effects or that immunity does not occur, I hereby hold SWNPHD harmless for all liability to the extent permitted under the law. Vaccines administered by SWNPHD are entered into NESIS (Nebraska State Immunization Information system). If applicable, I permit these services to be submitted to insurance. If the insurance does not pay, I understand that I am responsible for payment. I authorize SWNPHD to release information from the client's medical record including, but not limited to, the following entities: client family/guardians/representatives requesting the immunization record, childcare, school, or work-related authorities to prove immunization status, medical providers, medical records, billing, and insurance. I authorize SWNPHD to photograph me and/or my child (ren) during the services provided and utilize the image(s) for publishing and/or distribution. SWNPHD will communicate with me regarding immunizations, other services or notification via text, email, phone or other electronic means and my signature indicates acceptance of those contacts until I revoke the authorization to SWNPHD in writing. I understand that the medical release may be revoked at any time by notifying SWNPHD in writing and the revocation will be effective as of the date notified except to the extent action has already been taken.

1/1

Tap the blue form titles to view the forms. You will get a button to open the pdf or click "I've read this document" to continue.

*If you open the pdf to read the consent forms, you must hit the **back arrow** to return to the check in screen.



Once you have marked that you read both forms, sign your name in the signature box and click “I’m done”.

The final screen will show the Check in button in pink, which means you have completed the Check in.

If you have questions, feel free to call the office at 308-345-4223.