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Connect 계정을 통한 예약 확인

귀하는 방문 당일에 시간을 절약하게 되며, 가정, 사무실 또는 귀하가 선택하는 어느 곳에서든 편안하고 안전하게 컴퓨터나 모바일 기기 상에서 귀하의 정보를 검토할 수 있습니다. 방문 전에 eCheck-In을 완료하라는 이메일 알림을 받게 됩니다.

eCheck-In 동안, 귀하는 다음을 요청받게 됩니다.

- 보험 보장 범위을 포함한 개인 정보 검토 또는 업데이트
- 약물, 알레르기, 현재 건강 문제 검토 또는 업데이트
- 예약관련양식작성
- 필요한 경우, 방문 본인부담금 결제
- 필요한 경우, 선불금과 잔액 결제

아래 단계를 지침으로 사용하여 프로세스를 완료하십시오.

- 1. Connect 계정에 로그인합니다. 환영 페이지에서 프롬프트를 클릭하여 다음 예약에 대한 세부 정보를 볼 수 있습니다.
- 2. eCheck-In 버튼을 클릭합니다. 참고: 이프롬프트는 예약 전 최대 5일까지 이용할 수 있습니다.

| Welcome! | |
|--|---------------------------|
| Your contact information and notification preferences need review. Diease update or confirm your email and phone number. | Update |
| T New Patient Visit | |
| Jun © Starts at 10:45 AM EDT 19 R COLUMBIA ENDOCRINOLOGY - HARKNESS PAVILION Fri & with ANGELA L CARRELLI MD | eCheck-In View Details |
| New test result | |
| Connect Admin 🔘 You have a new test result. Click epichttp://labs[here] to see your | View Message |





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3. 개인 정보를 검토합니다. Edit 버튼을 클릭하여 정보를 업데이트합니다.

| ease review the personal in ease edit the appropriate c formation is correct' checkl | formation that we have on file ard and then click Save Chang box and click the NEXT button | e. If your contact o ges to make update | r personal inform es. When the carc | ation has changed o d is updated, select t | br is incorrect, he 'This |
|---|---|---|---|--|------------------------------|
| | | | | | |
| erify Your Personal Inf | ormation | | | | |
| ontact Information | | Details . | About Me | | 2= |
| 75 Lexington Avenue IEW YORK NY 10022 oing somewhere for a while? ad a Temporary Address | ♠ 646-453-9059 (preferre ♠ Not entered ♣ Not entered ♣ pas2025@nyp.org | d) Preferred I Not ente Sexual Ori Not ente Sexual Ori Not ente Race OTHER (DESCRIE Language ENGLISH | First Name (1) red netity red entation red COMBINATIONS N ED | Legal Sex (1) Male Sex Assigned at I Not entered Marital Status OTHER Ethnicity IOT DECLINED Religion Other | Birth |
| | | | | | |

4. 귀하가 처음으로 의료제공자를 방문하는 경우 또는 지난 해에 이 양식을 작성하지 않은 경우, 시스템 검토 양식을 작성해야 합니다.

| 1 | | - | | | |
|--|---------------------------------------|--|-------------|-----------|---------------|
| Personal Info | Questionnaires | Insurance | Medications | Allergies | Health Issues |
| Review of Systems or an upcoming appointment with A | NGELA L. CARRELLI, I | MD on 5/21/2020 | | | |
| lease indicate ALL that you have exp constitutional | perienced within the p | ast 6-12 months. | | | |
| ease indicate ALL that you have exp onstitutional | perienced within the p | ast 6-12 months. | Yes | | No |
| lease indicate ALL that you have exp onstitutional | perienced within the p | ast 6-12 months. Chills | Yes | | No |
| lease indicate ALL that you have exp onstitutional | perienced within the p | ast 6-12 months. Chills Fatigue | Yes | | No () |
| lease indicate ALL that you have exp onstitutional | perienced within the p Unexplained | ast 6-12 months. Chills Fatigue Weight Change | Yes | | No O O |



| | 환자 포털 | |
|---------------------------|------------------------------|------------|
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5. 예약 사유에 따라, 귀하는 전문분야별 양식을 작성하도록 요청받을 수 있습니다(아래의 CT 스캔 안전성 설문지 예시 참조).

| eCheck-In | | | | | | - |
|---|--|---|---------------------|-----------|---------------|----------------|
| 1 | | • | 1 | | | L |
| Personal Info | Questionnaires | Insurance | Medications | Allergies | Health Issues | Sign Documents |
| CT Scan Sa For an upcoming appor Please respond to each Do you have an aller Yes No | fety Ques intment with Ethe h question or stater gy to Latex? | tionnair I Siris, MD on 5/: ment below. | e 20/2020 | | | |
| Do you have an aller Yes No | gy to lodine? | | | | | - 14 |

6. COVID 증상 스크리닝을 완료합니다. 예약 전에 이러한 증상 중 어떤 것이라도 발생하는 경우, 내원하기 전에 진료실에 전화해야 합니다. 이 양식은 예약2일 전에만 이용할 수 있습니다.

| eCheck-In | | | | | | |
|---------------------------------|-------------------------------------|----------------------|-------------------|----------------|-------------------|----------------|
| 1 | | = | 8 | | 1 | L |
| Personal I | nfo Questionnaire | es Insurance | Medications | Allergies | Health Issues | Sign Documents |
| Pre-Visit | COVID Svi | nptoms S | creening | | | |
| For an upcomin | g appointment with I | thel Siris, MD on 5/ | 20/2020 | | | |
| *Indicates a req | uired field. | | | | | |
| *Do you curre Change in Tast | ntly have any of the e or Smell? | following sympto | oms: Cough, Fever | Shortness of E | Breath, Sore Thro | at, Diarrhea, |
| Yes | No | | | | | |
| *If you were re | cently diagnosed v | vith COVID, have y | ou had any of the | above sympto | ms in the past 10 | days? |
| Yes | No | | | | | |
| CONTINUE | FINISH LATER | CANCEL | | | | |
| | | | | | | |
| | | | | | | |





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7. 파일 내 귀하의 보험 보장 범위을 검토합니다. 파일 내 보험이 없거나 보장 범위가 변경된 경우, 보장 범위를 추가합니다.

| | _ | | | | | | |
|---|--|---|---|---|--|---|---------------------------------------|
| | 1 | | - | <u></u> | | | |
| | Personal Info | Questionnaires | Insurance | Medications | Allergies | Health Issues | |
| Please review t equest update provider accep or review befo putton. | he insurance inform s. Click on the ADD / ts the insurance. Col re adding it as an Ac | ation that we have on A COVERAGE section to ntact the practice if yo tive Coverage. When t | file. If the informat o add additional co u are unsure wheth he section is updat | ion is incorrect, click overage(s). Note that a verage(s). Note that a ner your insurance wil ed, select the 'This inf | on the Update cove dding an insurance I be accepted. Any i formation is correct | arage or Remove coverage l here does not guarantee t updates will be sent to the t' checkbox and click the N | inks to hat the practice EXT |
| nsurance on | File | | | | | | |
| | | | You have no in | surance on file. | | | |
| | | | | | | | |
| | + ADD | A COVERAGE | | | | | |
| This inform | nation is correct | | | | | | |
| BACK NE | XT FINISH LATE | R | | | | | |
| | | | BACK TO TH | E HOME PAGE | | | |

8. 결제 섹션에서 해당되는 경우 이 방문과 관련된 방문 본인부담금 또는 기타 선불금을 결제할 수 있습니다.

| 1 | | • | | ∕& | | |
|--------------------------|------------------------|-----------|----------|-------------|-----------|---------------|
| Personal Info | Questionnaires | Insurance | Payments | Medications | Allergies | Health Issues |
| Please select the amount | ts you wish to pay bel | ow. | | | | |
| Payment for This Visi | t | | | | | |
| Conorr | | | | | | |
| S25.00 (Amount due) | | | | | | |
| | | | | | | |
| | | _ | | | | |
| Pay copay later | | | | | | |
| | | | | | | |
| BACK PAY \$25.00 | FINISH LATER | | | | | |
| | | _ | | _ | | |





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9. 현재 약물 목록을 검토하고 업데이트합니다.

| | | | - | 1 | | | |
|---|--|---|---|---|--|---|------------------------|
| | Personal Info | Questionnaires | Insurance | Medications | Allergies | Health Issues | |
| urrent Med | dications | | | | | | |
| elow are your EMOVE butto nore links will | r current medication n to request update take you to additio | ns. If you are not currer s. Click on the ADD A M nal information about | ntly taking a medica EDICATION link to a that medication. <mark>Ca</mark> l | tion or have changed dd new medications Il 911 if you have an em | dosage, hover ove or medications wit tergency. | r the medication and cl h the correct dosage. Tl | ick on the he Learn |
| aspirin 0.3 (1) Learn mor Take 0.3 mg | Capsule re by mouth once. ind | lications: pain | \bigcirc | Crestor 20 MG Ta Generic name: rosuv (1) Learn more | ablet vastatin | | \bigcirc |
| | Î | Remove | | | 🗍 Rer | nove | |
| | | AMEDICATION | | | | | |

10. 파일 내 현재 선호하는 약국을 검토하고 업데이트합니다.

| list of all you | ir Preierred Pharmacies |
|--|--|
| Click on the ADE star next to the p and click the NE |) A PHARMACY link to add additional pharmacies. Multiple pharmacies are allowed. To remove a pharmacy from your record, click on the pharmacy name so it is no longer highlighted in yellow. When the section is updated, select the 'This information is correct' checkbox XT button. |
| | You have no pharmacies on file. |
| | + Add a pharmacy |

11. 현재 알레르기를 검토하고 업데이트합니다.

| 1 | | — | 2 | . | | |
|--|--|--|---|----------------------------|---|----------------|
| Personal Info | Questionnaires | Insurance | Medications | Allergies | Health Issues | |
| w are your current allergies. If y AN ALLERGY link to add additio gency.) Penicillins Added 11/14/2019 () Learn more | ou no longer have an all nal allergies. The Learn r | ergy, hover over the nore links will take Sulfamethoxazole Hives, Rash Idded 12/7/2019 Learn more | allergy and click on you to additional inf | the REMOVE ormation abo | button to request updates. Click o ut that allergy. Call 911 if you have o Known Allergies Ided 12/7/2019) Learn more | on the : an |
| + ADD AN ALLERGY | | | | | | |
| | | | | | | |





12. 마지막으로, 현재 건강 문제를 업데이트하고 eCheckin 설문지를 제출합니다.

| | - | | | <u></u> | | |
|---|--|--|---|---|---|---|
| | Personal Info | Questionnaires | Insurance | Medications | Allergies | Health Issues |
| Selow are your o on the ADD A HE Call 911 if you have | current health issu ALTH ISSUE link to ve an emergency. | es. If you no longer ha add additional healtl | ve a health issue, h h issues. The Learn | over over the issue an more links will take yo | d click on the REM(u to additional info | OVE button to request updates. Click prmation about that health issue. |
| Hypertension Added 6/26/2019 (i) Learn more | 9 | Dia cor Add (i) | betes mellitus du Idition Ied 6/26/2019 Learn more | e to underlying | Chinese re: Added 6/27/2 (i) Learn mo | staurant syndrome ²⁰¹⁹ re |
| Red eye Added 5/23/2019 (i) Learn more | 9 | | + ADD A + | HEALTH ISSUE | | |

질문이나 추가 지원은 (646) 962-4200번으로 Connect Technical Support에 전화하거나 MyConnectNYC.org를 방문하십시오.

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