



## Office Visit Preparation Instructions

In preparation for your upcoming visit at Birmingham Breast Care, submission of your ID and insurance cards, pre-registration and appointment check-in via the patient portal are **REQUIRED**. This will limit viral exposure. The required tasks are illustrated below. Again, this will allow us to expeditiously complete your care, reduce your time and direct contact in the office and comply with all safety guidelines of the CDC, ADPH and JCDPH.

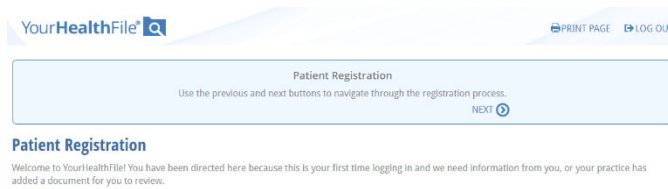
Should you have any difficulty with any of these tasks, please call our office and one of our staff will guide you through the process.

1. Please text a copy of the front of your driver's license as well as the front AND back of your insurance card to: 205-236-3127. If you have more than one insurance, please send copies of all insurance cards and let us know which insurance payer is primary. This will allow us to verify your benefits prior to your visit.
2. Log into your patient portal. The following link will take you to the page:  
[www.yourhealthfile.com](http://www.yourhealthfile.com)

If you have not previously logged into the patient portal, you will receive an email with your login credentials.

If you have forgotten your login information, please contact our office and we can assist you with resetting your login.

- Once you have logged into the portal, you must complete registration. The information that has already been supplied to our office will be pre-populated for you to review. Please verify each item is correct and, if not, please correct any entries.



After entering the information for each page, save each page and click Next or Previous to move between the screens. Be aware that any field with '\*' is required.

Race  
 White

Ethnicity  
 Not Hispanic or Latino

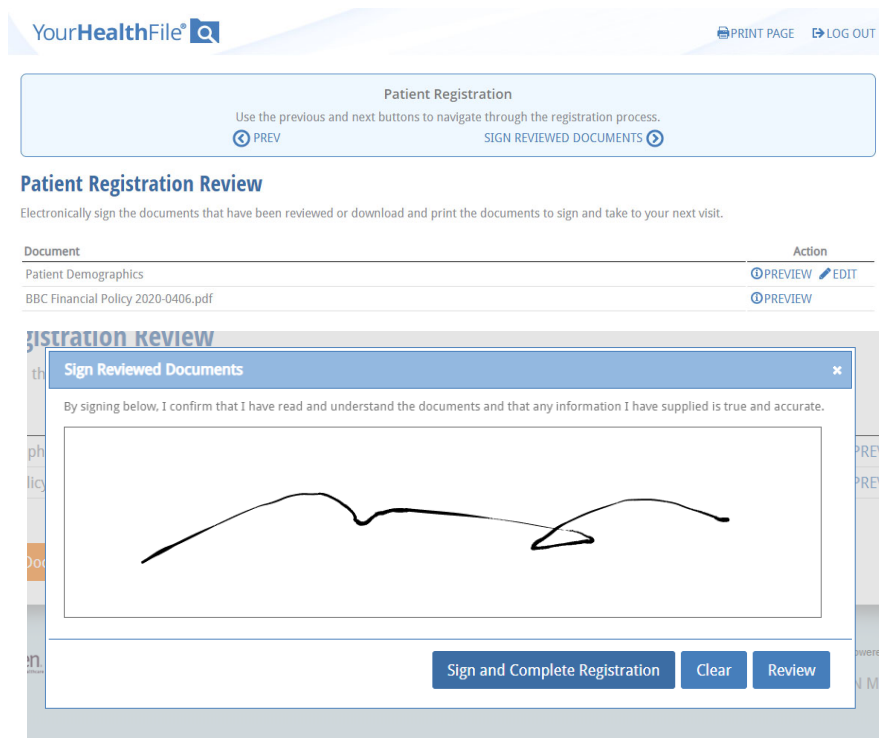
\* Language  
 English

\* Country  
 United States of America

SSN  
  
 Show SSN  
 Please enter a valid SSN

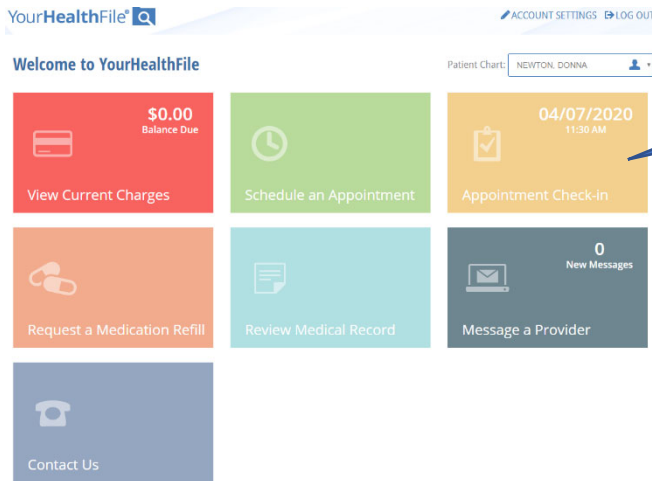
The final steps for Registration are:

- Enter and/or verify your insurance information.
- Read the Financial Policies.
- Electronically Sign the documents



**YOU ARE NOT FINISHED!!!**

- Now you are ready to Check-In for your Visit. On the Portal Home Screen, you will see your appointment information in the yellow box on the top right of your Portal Home Screen. Select that box to begin the appointment check-in Process.



If you have an expected Copay for this visit, the system will prompt you automatically and will allow you to pay your copay at this point. We ask that you please do submit payment so that we can avoid one more touchpoint risk of virus transmission during your visit.

### Pay Patient Bill

Thank you for checking in online today.

This upcoming appointment requires a payment. Please select from the two payment options below.

#### Option 1: Pay online now

Select an Amount and Payment Source for this online payment.

\* Indicates a required field

Current Balance <a href="#">VIEW</a>	\$0.00
<input checked="" type="radio"/> Expected Copay *	\$25.00
<input type="radio"/> Total Balance	\$25.00
<input type="radio"/> Other Amount	

\*NOTE: This is the Copay we expect based on our understanding of your insurance plan. If the Copay on your membership card is a different amount, please notify your office.

\* Amount

\$

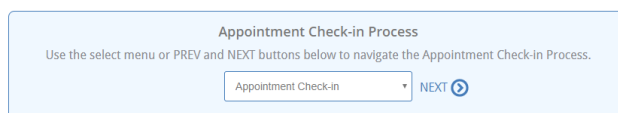
\* Payment Source

- Use a card on file  
 Enter credit card information

\* Card Type

\* Card Number

You will then be taken through the entire process of submitting all of your medical history.



### Appointment Check-in

Thank you for checking in online today. The following steps of the check-in process will ask questions about your upcoming visit. Please try to provide as much detail as possible, this will help us better understand how to improve your wellness during your visit.

Be sure to enter all of the requested information for each screen, save the information and then click 'Next' at the top to move to the next medical history item.

The screenshot shows a web form titled "Appointment Check-in Process". At the top, it says "Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process." Below this is a dropdown menu currently set to "Appointment Check-in" with a "NEXT" button to its right. A blue callout bubble points to the dropdown menu with the text "Complete EACH Section!". The form content includes a "Thank you for agreeing to make" section with a checkmark, a "Check-in Process Steps" section with a list of 14 steps, and a "Custom Medical History" section with a list of categories: Medical History, Family History, Surgical History, and Are you taking any new medications?.

## Check-in Process Steps

The following steps of the check-in process will ask you questions about your upcoming visit. Please try to provide as much detail as possible, this will help us better understand how to improve your wellness during your visit.

1. Please verify your contact Information
2. Please verify your insurance information
3. What is the reason for the visit?
4. Body System Review
5. Any other details or symptoms?
6. Have you been told you are allergic to a substance?
7. Have you had any recent immunizations?
8. Custom Medical History
9. Medical History
10. Family History
11. Surgical History
12. Are you taking any new medications?
13. Tobacco History
14. Alcohol History

**Appointment Check-in Process**

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.

⏪ PREV
Please verify your contact Informat
NEXT ⏩

## Please verify your contact Information

**+ UPDATE PATIENT INFORMATION**

### Patient Information

<b>Name</b>	JOYCE TYLER
<b>Date of Birth</b>	09/19/1967
<b>Sex</b>	Female
<b>Race</b>	White
<b>Ethnicity</b>	Hispanic or Latino
<b>Language</b>	English
<b>Country</b>	United States of America
<b>SSN</b>	XXX-XX-4205

If you need to CHANGE the information, click the '+' to Update Patient Information. Otherwise, click 'NEXT' above.

### Contact Information

<b>Address</b>	563 3rd Street Fargo, ND 58102
<b>Home Phone</b>	(701) 366-4958

**Appointment Check-in Process**

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.

⏪ PREV
Please verify your insurance inform
NEXT ⏩

## Please verify your insurance information

**i** This medical record contains data entered or modified using this patient portal. The highlighted information below is not yet officially part of the provider's version of the electronic health record.

**+ ADD PATIENT INSURANCE**

Insured	Payer	Group No.	Insured ID	Action
TYLER, JOYCE	Blue Cross Blue Shield Alabama (BCBS AL) *	53125	XAA123151234	EDIT  DELETE

There is currently no Billing Contact on record.

**+ ADD BILLING CONTACT**

If you need to CHANGE the information, click EDIT to Update Insurance or '+' to Add Insurance. Otherwise, click 'NEXT' above.

### Appointment Check-in Process

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.

⏪ PREV What is the reason for the visit? NEXT ⏩

### What is the reason for the visit?

Lookup a reason for this visit using the Search

🗑️ CLEAR SEARCH

Don't see the results you're looking for? [Add it manually](#)

Click 'Add it manually' to enter the reason for your visit.

### Appointment Check-in Process

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.

⏪ PREV What is the reason for the visit? ▾ NEXT ⏩

### What is the reason for the visit?

Save

Reset

Cancel

✔ Reason for Visit

Breast Pain in my Left Breast

Type the reason for your visit then click SAVE!!!

Select Each Body system and mark Yes or No for each Item.

Tip: Click Mark “no” then select Yes for only those positive items.

Be sure to click Save Body System Information when done.

**Appointment Check-in Process**

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.

⏪ PREV
Body System Review
NEXT ⏩

### Body System Review

**New Patients:** Please complete all of the body systems.

**Established Patients:** Please complete at least 2 body systems that relate closely to the reason for your visit. If you have other symptoms related to a body system that is not directly related to today’s visit please complete those body systems also. If you are seeing the doctor for a routine physical or well person care please complete all of the body systems.

MARK ALL "NO"
  CLEAR ALL

Save Body System Information

- General

MARK ALL "NO"
  CLEAR ALL

Decline in Health	Yes	No	Fatigue	Yes	No
Weakness	Yes	No			

▶ Head

▶ Eyes

You may enter additional notes or information about your medical history or current condition that you feel is important for our providers to know. Be sure to click SAVE when finished and the NEXT to move on to the next section.

**Appointment Check-in Process**

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.

⏪ PREV
Any other details or symptoms?
NEXT ⏩

### Any other details or symptoms?

**i** If there are any additional details of symptoms you would like to add, please enter them below, otherwise continue through the Check-In Wizard.

Please add any additional details of symptoms you would like here.

Save Notes

## Appointment Check-in Process

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.

⏪ PREV Have you been told you are allergic ▾ NEXT ⏩

## Have you been told you are allergic to a substance?

+ ADD ALLERGY

Allergen	Symptoms	Category
Cipro	Hives	
Coumadin		Allergy
Latex	Rash	Allergy
NSAIDS	Vomiting Lip Swelling	Allergy
Penicillins	Hives	Drug
Sulfa (Sulfonamides)	Diarrhea	Allergy

To ADD an Allergy, click '+'.  
PLEASE NOTE: You CANNOT delete an allergy through the portal. Please advise our office if something needs to be deleted.  
When Finished, Click 'NEXT'

## Appointment Check-in Process

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.

⏪ PREV Custom Medical History ▾ NEXT ⏩

## Custom Medical History

### Custom Medical History

Do you drink caffeinated beverages daily?

Yes No

If so, how many?

Do you have any metal or electronic devices in your body?

Yes No

Do you perform monthly self-breast exams?

Yes No

What is your bra cup size?

Age at onset of menstruation?

Last Menstrual Cycle

Answer the custom questions specific to your breast health and history.



Yes No

- Self
- Mother
- Sister
- Daughter
- Maternal Grandmother
- Maternal Aunt
- Maternal Cousin
- Paternal Grandmother
- Paternal Aunt
- Paternal Cousin

Have you had a breast reduction?

Yes No

MM/DD/YYYY 

Do you have breast implants?

Yes No

MM/DD/YYYY 

Last Mammogram

8/2013 

STV

Last Breast Ultrasound

MM/DD/YYYY 

Be sure to SAVE when finished!

Save

**Appointment Check-in Process**

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.

⏪ PREV
Medical History
NEXT ⏩

Click the '+' to Add Medical History Info

Then Click on Family History and Surgical History.

Be sure to Enter information for each.

If something must be deleted, let our office know. We can delete it for you.

## Medical History

Medical History
Family History
Surgical History

[+ADD MEDICAL HISTORY](#)

### Reported Medical History

The Reported Medical History includes conditions that the patient has been diagnosed with during their lifetime.

For health issues that are currently "active" (meaning the patient still has the condition) some physicians may use a "Problem List" exclusively to record those conditions and they may not show on the Reported Medical History.

Condition	Treating Physician	Action
<i>There are currently no records to display</i>		

**Appointment Check-in Process**

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.

⏪ PREV
Are you taking any new medications
NEXT ⏩

Click the '+' to Add Medications

If something must be deleted, let our office know. We can delete it for you.

## Are you taking any new medications?

If there are any medications displayed below that should no longer be included in the medical record please let our office at the time of your next visit.

[+ADD MEDICATION](#)

Medication	Directions	Action
Bras and Prostheses; S/P Bilateral Mastectomy; # Patient Desires	1 unit as directed	<a href="#">REFILL</a>
Caltrate 600 + D 600 mg (1,500 mg)-800 unit chewable tablet		<a href="#">RX INFO</a> <a href="#">REFILL</a>
Cipro 500 mg tablet	1 tablet twice a day	<a href="#">RX INFO</a> <a href="#">REFILL</a>

**Appointment Check-in Process**

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.

⏪ PREV
Tobacco History
NEXT ⏩

## Tobacco History

**Tobacco** | Alcohol

Light smoker is interpreted to mean less than 10 cigarettes per day, or an equivalent (but less concretely defined) quantity of cigar or pipe smoke.

Heavy smoker is interpreted to mean greater than 10 cigarettes per day or an equivalent (but less concretely defined) quantity of cigar or pipe smoke.

**+ ADD TOBACCO HISTORY**

Tobacco Type	Usage
Chewing Tobacco	Never used tobacco
Cigarettes	Never used tobacco
Cigars	Never used tobacco
Dipping Tobacco	Never used tobacco
Pipe	Never used tobacco

Click the '+' to Add Smoking History Info

Then Click on Alcohol.

Be sure to Enter information for each.

If something must be deleted, let our office know. We can delete it for you.

Click 'Next' to move on.

Once you have entered all of the medical history items, you will see a Green Checkmark to the left of each component. You are then ready to take the final step and click 'Complete Check-In Process.'

**Appointment Check-in Process**

Use the select menu or PREV and NEXT buttons below to navigate the Appointment Check-in Process.

⏪ PREV
Complete Check-in Process

### Complete Check-in Process

Thank you for checking in online today. The following steps of the check-in process will ask questions about your upcoming visit. Please try to provide as much detail as possible, this will help us better understand how to improve your wellness during your visit.

Check-in Completed  
Please click the Complete Check-in Process button below to exit the process.

- ✓ 1. Please verify your contact information
- ✓ 2. Please verify your insurance information
- ✓ 3. What is the reason for the visit?
- ✓ 4. Body System Review
- ✓ 5. Any other details or symptoms?
- ✓ 6. Have you been told you are allergic to a substance?
- ✓ 7. Have you had any recent immunizations?
- ✓ 8. Custom Medical History
- ✓ 9. Medical History
- ✓ 10. Family History
- ✓ 11. Surgical History
- ✓ 12. Are you taking any new medications?
- ✓ 13. Tobacco History
- ✓ 14. Alcohol History

**Complete Check-in Process**

You are DONE! Thank you for helping us better take care of you during this unprecedented time in our world!

If you have any difficulties at all with this process, please email [administrator@birminghambreastcare.com](mailto:administrator@birminghambreastcare.com) or call our office at 205-930-0806 for assistance. One of our staff will return your call as quickly as possible.