

How to Check in for your Appointment

Step 1: Once your appointment has been scheduled, you will receive an email from: donotreply@sunsetpediatrics.com, where you will need to check in by following the link.



Your Appointment Link

Hello [REDACTED]

You are receiving this email because you have an appointment with [REDACTED] at Sunset Pediatrics scheduled for 09/11/2023 03:00 pm.

Please use the following link: <http://trmd.io/Z7yps>

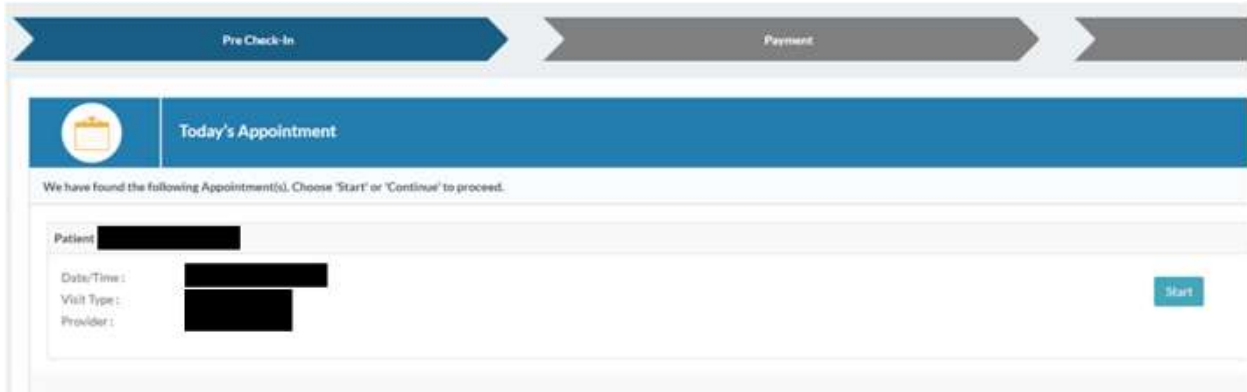
Thank you,
Sunset Pediatrics Team

Step 2: The link will take you to the Check-In screen, which will look like this:

A screenshot of a web application's check-in screen. The background is a dark blue-grey color. At the top, there is a white circular icon with a stylized 'S' inside, followed by the text "Welcome to Check-In" in a white, bold, sans-serif font. Below this is a white rectangular form with a light blue border. The form has a title "Please Select Patient's Date of Birth" in a dark grey font. Underneath the title are three white dropdown menus labeled "Month", "Day", and "Year", each with a small downward-pointing chevron icon. At the bottom of the form is a teal-colored button with a white checkmark icon and the text "Login" in white. At the very bottom of the dark background, there is small, light blue text that reads "Version: 3.0.11.052.0700 © Sunset Pediatrics".

Please fill in the birth of the patient this appointment is for. Once that is done, click the “Login” button.

Step 3: You will be taken to this screen next:



Click “Start”.

Step 4: The next screen will be about verifying the patient’s personal information and verifying that we have everything correct. If not, please update it.

Name

First Name	Last Name	Middle Name/Initial
[Redacted]	[Redacted]	

Date of Birth

[Redacted]	[Redacted]	[Redacted]
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Address

9155 SW Barnes Road		
Apt 142		
Portland	Oregon	97225
City	State	Zip


Emergency Contact


Emergency Phone


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Patient Sexual Orientation


Patient Gender Identity

Patient Race
DECLINED TO SPECIFY ✕ 


Patient Ethnicity
DECLINED TO SPECIFY 


Preferred Language
ENGLISH ▾ 


Is [REDACTED] the legal guardian of this patient?
 Yes No 


Is [REDACTED] the primary caregiver of this patient?
 Yes No 

Copy Address and Phone to

[REDACTED] 

[REDACTED] 

[REDACTED] 


[REDACTED] 

These will be patients that are also under the "legal guardian".

Above Information is Correct

Once everything looks correct, please click "Above Information is Correct".

Step 5: Next will be the guarantor information.



Guarantor Information

A guarantor is defined as the person who is financially responsible for the account (i.e. parent, patient, spouse, etc).

Name
First Name: [REDACTED] Last Name: [REDACTED]

Date of Birth
[REDACTED] / [REDACTED] / [REDACTED]

Address
9155 SW Barnes Road
Apt 142
Portland, Oregon 97225

Cell Phone
555 [REDACTED] 555 [REDACTED] 5555 

Home Phone
[REDACTED] [REDACTED] [REDACTED]

Work Phone
[REDACTED] [REDACTED] [REDACTED] [REDACTED] (ext)

We ask that the guarantor information is the same for everyone in the family, including other children, yourself, and/or your spouse. This ensures that we can keep family members together in the system.

Copy Address and Phone to

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Back

Above Information is Correct

Please click "Above Information is Correct" if everything is accurate.

Step 6: Insurance is on the following page. We ask that you verify that this information is correct. Regardless, if it is or isn't, we ask that you click the "Upload Insurance Card" option.

Back

Yes, this is correct

No, My Insurance has changed

Upload Insurance Card

Once you've done this, the next screen will allow you to upload both sides of the insurance card.

Upload Insurance Card

Payor Type:

Aetna

Front Side

Choose File

No file chosen

Back Side

Choose File

No file chosen

Upload

We ask that the pictures of the insurance card be as clear as possible.

Step 7: The next page is the Pharmacy page.

Please verify your pharmacy

Below are the common pharmacies on record for this patient. Please confirm this is accurate or you can edit as necessary.

Pharmacy 1: Not Selected Add

Pharmacy 2: Not Selected Add

Pharmacy 3: Not Selected Add

Copy Pharmacies to:

[Redacted]

[Redacted]

[Redacted]

Back Pharmacies are up to date. Continue

By clicking “Add”, the Pharmacy Search will pop up and you will be able to search for your pharmacy.

Pharmacy Search

State Oregon

City Portland

Zip Code

Search

Once updated, please click “Pharmacies are up to date. Continue”.

Step 8: The Medications list is next.

Add Current Medication

Please enter medications that you are currently taking.

Enter Current Meds

Back Current Meds are up to date. Continue

To update medications, you can click on “Enter Current Meds”, which will take you to the Add Prescription pop up.

Add Prescription



Please search the name of the drug you would like to enter. Only enter medications that you are currently taking.

Name :



Cancel

Once the medications have been updated, click “Current Meds are up to date. Continue”.

Step 9: You will then see:

Patient Forms

The following forms are required for this visit. Please complete the forms for Mickey Mouse

Ok

Click “Ok” to be taken to the Patient Forms.

Step 10: The first form will be the Medical Chaperone Notice. We ask that you look this over and click “Continue”.



9155 SW Barnes Road, Suite 840
Portland, OR 97225

MEDICAL CHAPERONE NOTICE

Beginning July 1, 2023, an Oregon Medical Board licensee (including pediatricians) must offer a trained chaperone to be physically present for:

- Genital and rectal examinations regardless of gender or age; *and*
- Breast examinations for patients who identify as female regardless of age.

A trained chaperone includes licensed medical professionals (i.e. RN, NP, etc.) or anyone who has undergone certified chaperone training.

Please be aware that you will be asked at your visit whether you would like a chaperone, you may accept or decline.

This does not affect the parent's ability to be present for these exams if that is the desire of the patient/parent. For additional information or FAQs please see our website at sunsetpediatrics.com/chaperone.

Continue

Depending on the age of your child and the type of appointment, you may have other forms to fill out. Some may ask you to sign as well and will look like this:

Signature

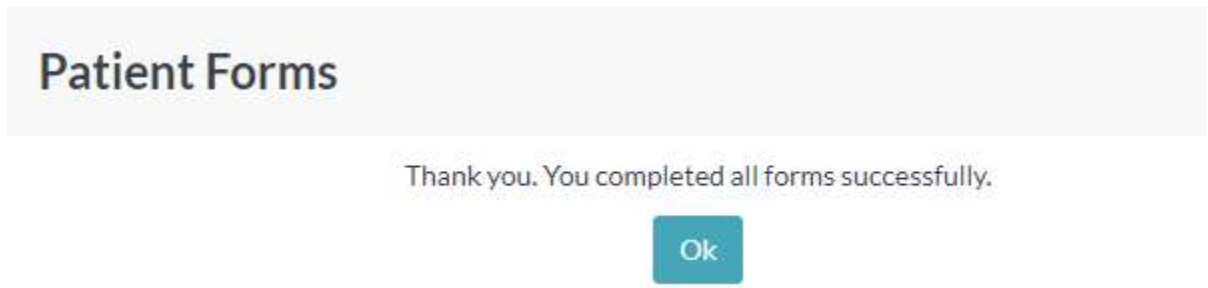


Signature Required

Submit

Please sign your name and click "Submit" once everything is complete.

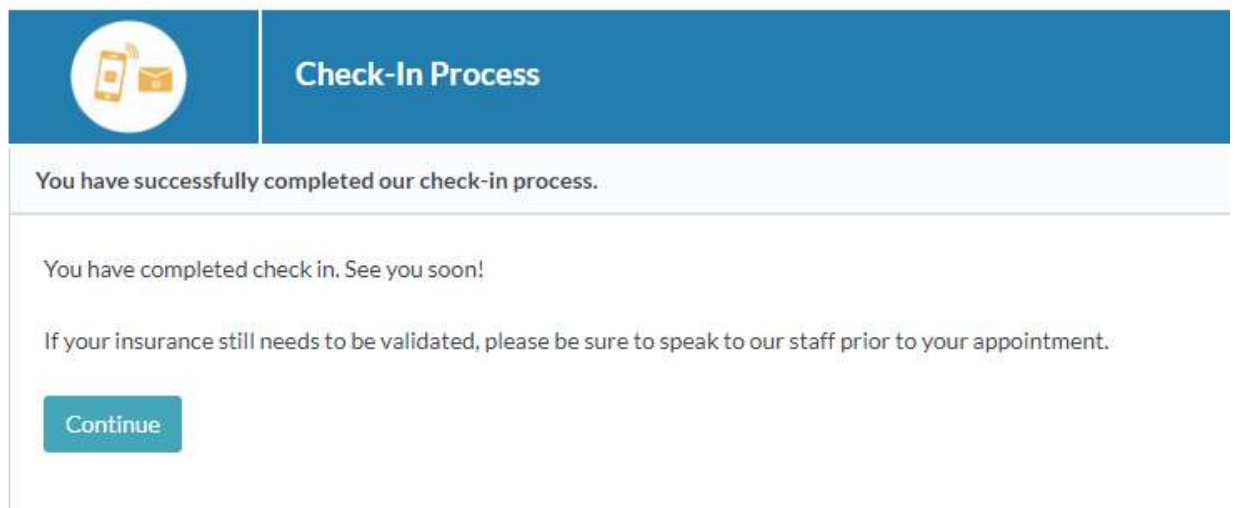
Step 11: You should see this pop up once the forms have been completed:



Step 12: The next page will be where you can pay the Copay for the appointment if you have one. If you have no copayment, you can click "No Payment Due. Continue Now".



Step 13: Please click "Continue".




Step 14: Once you see this screen, you're all set.

Check-In Success

Check-In completed Successfully

Ok

Step 15: Once you click “Ok”, it will take you to a screen where you can see your appointment information.

 Today's Appointment

Patient: [REDACTED]

Date/Time: [REDACTED] Visit Type: [REDACTED] Complete
Provider: [REDACTED]

▼ More Details

Patient:	Verified
Guarantor:	Verified
Insurance:	Insurance Coverage has been verified.
Pharmacy:	Verified
Current med:	Verified
Forms:	Medical Chaperone Form
Payment:	No Payment Due

Thank you for Checking In!