

How to Check in for your Flu Shot

Step 1: Once your flu 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

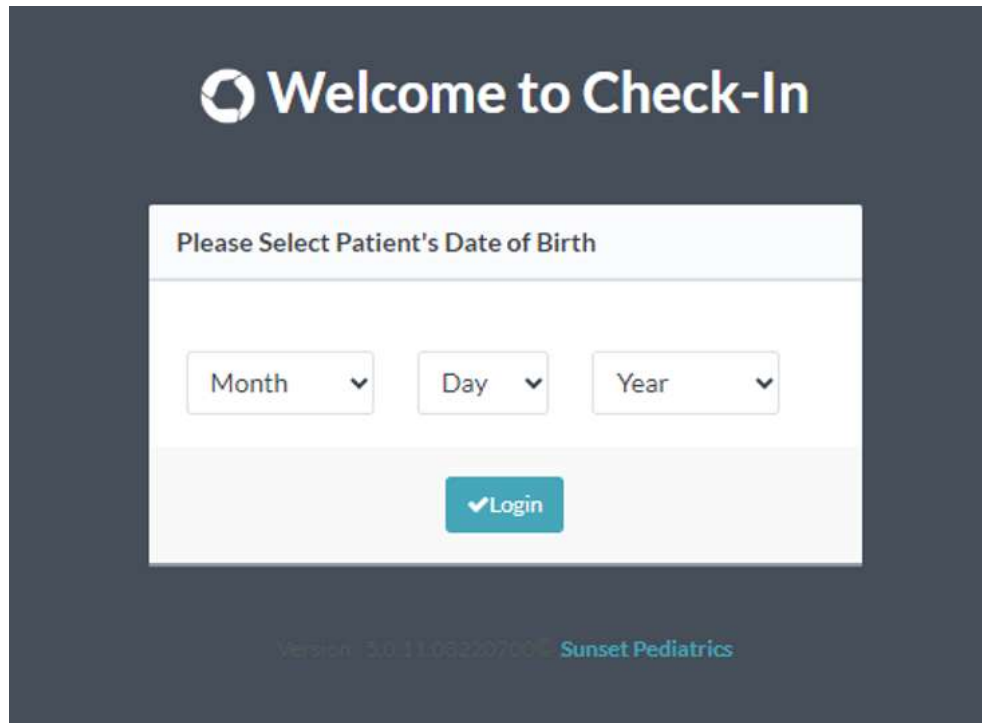
Hello [REDACTED]

You are receiving this email because you have an appointment with Flu Clinic 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:



Version: 3.0.11.05220700 © Sunset Pediatrics

Please fill in the date of birth of one getting the flu shot (If you are doing this for your child, you would put in your child's date of birth. If you are doing this for yourself, put in yours). Once that is done, click the "Login" button.

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

Pre Check-In Payment

Today's Appointment

We have found the following Appointment(s). Choose 'Start' or 'Continue' to proceed.

Patient: [redacted]

Date/Time: [redacted]

Visit Type: Flu Shot

Provider: Flu Clinic

Start

Click "Start"

Step 4: The next screen will be about verifying your personal information and verifying that we have everything correct. If not, please update it. As you scroll through, please make sure that you have the "legal guardian" and "primary caregiver" be the same as it is for your children.

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
September 09 2009

Address
9155 SW Barnes Road
Apt 142
Portland Oregon 97225

Cell Phone
555 555 5555

Home Phone
[Redacted]

Work Phone
[Redacted]

We ask that the guarantor information is the same for everyone in the family that will be receiving a flu shot with us. This ensures that we can keep family members together in our system.

Copy Address and Phone to

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Back

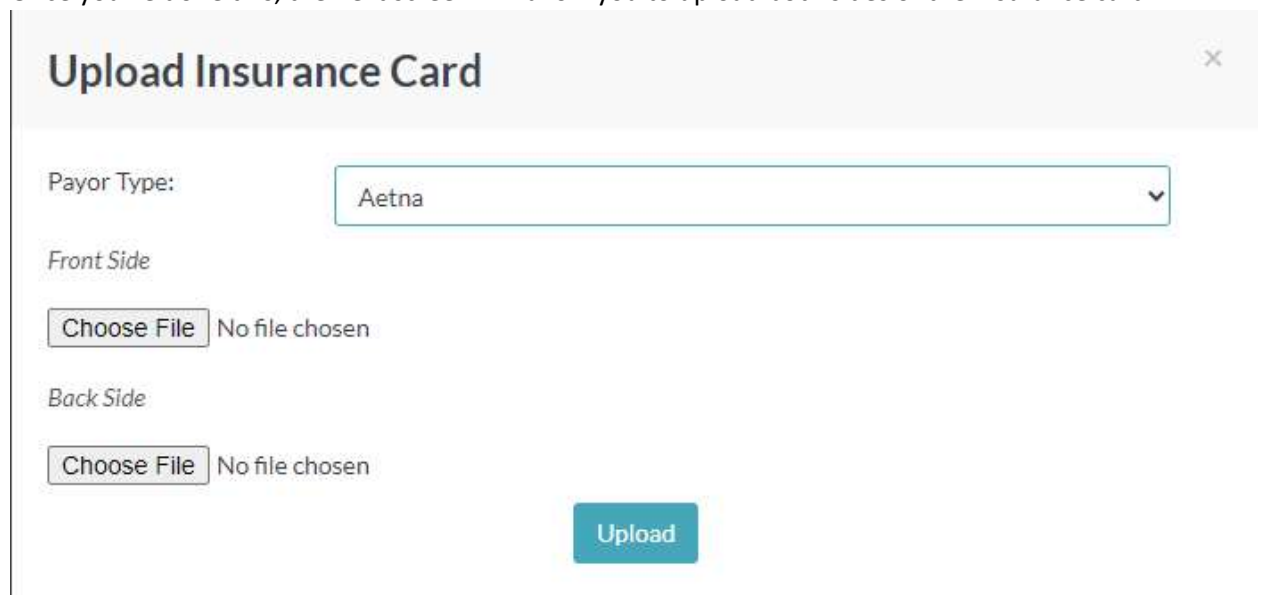
Above Information is Correct

Once again, if everything looks correct, please click “Above Information is Correct”

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.



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

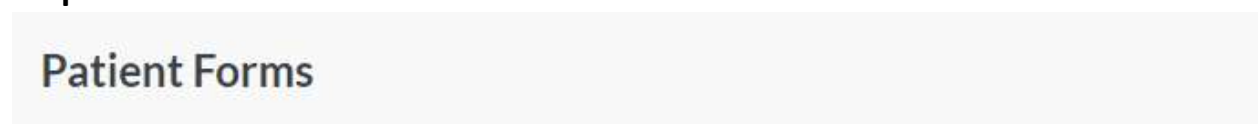
A modal window titled "Upload Insurance Card" with a close button (X) in the top right corner. Below the title, there is a "Payor Type:" label followed by a dropdown menu showing "Aetna". Underneath, there are two sections: "Front Side" and "Back Side". Each section has a "Choose File" button and the text "No file chosen". At the bottom center of the modal is a teal "Upload" button.

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

Step 7: The next page is the Pharmacy page. If you would like to update this you may, but otherwise, please click "Pharmacies are up to date. Continue"

Step 8: The Medications list is next. Similarly to the Pharmacy page, you may go to "Current Meds are up to date. Continue".

Step 9: You will then see:



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



Click "Ok" to be taken to the Patient Forms.

Step 10: The first form will be the Medical Chaperone Notice. You may 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

The next form will be the Flu Questionnaire.

Sunset Pediatrics, LLC - Flu Vaccine Administration Form

Patient Name:

Date/Time of Visit: 

DOB: .50 (>6 mo)

Insurance: Private

Age:

VFC

- 1. Are you sick with a fever currently or within the past 24 hours? YES NO
- 2. Are you allergic to eggs? YES NO
- 3. Have you had any unusual reaction to vaccines in the past? YES NO
- 4. Have you been diagnosed with Asthma? YES NO

If you are a parent and filling this out for yourself, next to "Insurance", please click in the "Private" box. From there, please answer the 4 questions and sign in the "Signature" box.

Signature



Signature Required

Submit

The last form to review will be the Caregiver Flu Shot Waiver.



Caregiver Flu Shot Waiver

Patient Name: [REDACTED] DOB: [REDACTED] Date: 08/22/2023

I have elected to receive an influenza vaccine from Sunset Pediatrics.

I hereby authorize Sunset Pediatrics to provide medical services for myself and to use and release medical information as required for treatment, payment, and health care operations. Should I have an adverse reaction or require medical treatment after the vaccine is received, I agree to hold Sunset Pediatrics harmless and acknowledge that I must seek care from my primary care provider or other facility.

If I am receiving an influenza vaccine during Sunset Pediatrics Drive Thru Clinic and am driving a vehicle after receiving the vaccine, I understand and agree to wait in my vehicle for 15 minutes prior to leaving the drive thru site. Should I leave the drive thru site before 15 minutes have passed, I agree to hold Sunset Pediatrics harmless from liability or injury of any kind whatsoever.

I assign Sunset Pediatrics all payments to which I am entitled for medical expenses. I understand and agree to be personally responsible for paying the financial charges for today's service(s) whether covered by insurance or not according to the Sunset Pediatrics Financial Policy.

(CHOOSE ONE BELOW)

- I am requesting that my insurance plan be billed for the charges.
- I am requesting that my insurance plan not be billed for the charges.
- I do not have insurance and will be paying for my services with my card on file.

The **estimated** amount that I may be responsible for is \$ **138** for today's services.

Print Name: [REDACTED] Relationship to Patient: [REDACTED]

Signature Required

Submit

We ask that you read this and choose whichever answer best fits. Once that has been filled out, you will need to sign in the "Signature" box.

Signature



Signature Required

Submit

Step 11: You should see this pop up once this has all been completed:

Patient Forms

Thank you. You completed all forms successfully.

Ok

Step 12: Please click “No Payment Due. Continue Now”.


 Please pay here

Below are the balance details for this patient. Please pay here.

██████████ No Copay	\$0
Total	\$0.00

No Payment Due. Continue Now

Step 13: Please click “Continue”.

 Check-In Process

You have successfully completed our check-in process.

You have completed check in. See you soon!

If your insurance still needs to be validated, please be sure to speak to our staff prior to your appointment.

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] **Complete**

Visit Type: Flu Shot

Provider: Flu Clinic

▼ More Details

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

Thank you for Checking In!