



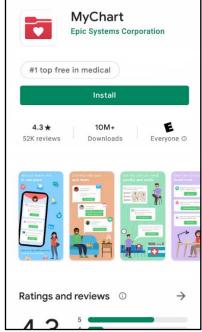
The Patient's Guide to Virtual Video Visits!

This tip sheet includes everything you need to know to get ready for a seamless and convenient video visit with your healthcare provider!

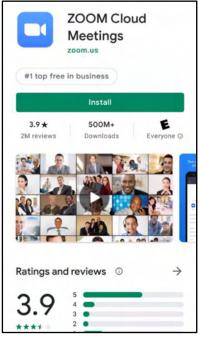
Before the Day of Your Visit – Set Up Your Mobile Device

The best way to complete your video visit is with a mobile device (smartphone or tablet) with the MyChart app. Before the day of your visit, do each of these...

- 1. Download the MyChart app
 - a) Search for "mychart" in the App Store or Google Play
 - b) Download and install the MyChart app



- 2. Downlod the **Zoom** app
 - a) Search for "zoom" in the App Store or Google Play
 - b) Download and install the Zoom app



- 3. Test your device
 - a) Visit <u>www.zoom.us/test</u> using the device you will use during your visit.
 - b) Press Join and enter your name to open a test Zoom session
 - c) Press Join Audio. Allow Zoom to access your microphone if prompted.
 - d) Press Start Video. Allow Zoom to access your camera if prompted.
 - e) If you can see yourself on your screen, your device is ready to go!

Tip: Save your mobile data! Connect your device to wi-fi during your visit

Using a computer for your visit?

Using a mobile device is the best way to complete your video visit, but you can still use a computer if you have the right equipment. Before your visit starts, make sure to connect a webcam, microphone, and speaker.





Before the Day of Your Visit – Sign Up For MyChart

Your virtual video visit will be easier with a MyChart account. If you already have an account, skip these steps.

When you scheduled your virtual visit, we sent an email with a MyChart registration link. Open that email on your computer or mobile device and click the registration link to start.

Didn't recieve our email? If your visit is scheduled far in advance, we will wait until it's three weeks away to send the email. Reach out to your clinic if you need assistance.

The MyChart signup process

- **Step 1** Enter the activation code from your email, the last 4 digits of your social security number, and your date of birth.
- Step 2Choose if you would like to turn on two-step verification. When you log into MyChart, we'll
send a code to your mobile device or email. You will use the code to fully log into MyChart.
Press Continue to set up two-step verification, or click the link Turn off two-step verification.
- Steps 3 5 Set up two-step verification, if you wish. These steps are skipped if you turned it off.
- **Step 6** Choose a MyChart username and password.
- Step 7Verify your email address and press Sign In.Finally, review the terms and conditions of using MyChart and press Accept to sign in.

For MyChart app users on a mobile device - sign into the app for the first time

When you open the MyChart app for the first time, you need to connect it to your MyChart account.

- 1. At the top of the screen, enter the state that your clinic is in, then select CHI St. Alexius Health CHI Health CHI St. Luke's Health CHI Franciscan Health
- 2. Enter your MyChart username and password.
 - a. TIP: Tap "Remember" in the username field to speed up logging in next time.





Virtual Video Visit and Telemedicine FAQ's

Q. What if I am having trouble creating a new account in MyChart?

A. You can contact support at (XXX)XXX-XXXX

Q. What is telemedicine?

A. Telemedicine is the practice of using video and audio technology such as your smartphone or tablet for a follow up visit with your healthcare provider.

Q. What is the cost of a telemedicine appointment?

A. Telemedicine visits cost the same as office visits and are a convenient alternative for some patients. Copays specific to your plan are accepted during the eCheck-In process.

Q. What will I need for this visit?

A. To ensure that you connect with your healtchcare provider, you will need the following:

- Smartphone, tablet, laptop, or desktop computer that has a camera, speaker, and microphone enabled
- An active MyChart account is highly recommended.
- Have insurance information ready for eCheck-In.
- Using a mobile device?
 - Download and install the MyChart & Zoom applications on your device.
 - o On day of your appointment, make sure your device is fully charged

Q. Are prescriptions provided during a telemedicine appointment?

A. Yes, prescriptions can be provided per your provider's clinical assessment.

Q. What if I am late to the appointment?

A. If a patient connects more than 10 minutes late to their telemedicine visit, their appointment is cancelled, call the clinic office to reschedule with your provider.

Quick Start Guide – Complete Your Visit in 7 Steps

Don't need the long instructions? Here's the 7 steps to complete your virtual video visit. Start getting connected at least 15 minutes before your scheduled start time, so you are able to complete the eCheck-In process.

- 1. Login into the MyChart app or log into the MyChart website at XXXX.
- 2. Find your visit
 - a. MyChart App: Click on the **Appointments** icon 💏 and tap your visit.
 - b. MyChart website: Click on Visits, then select Appointments and Visits, and click Details for your visit.
- 3. Complete eCheck-In.
- 4. Click on **Begin visit**

or the Begin Video Visit

BEGIN VIDEO VISIT

- 5. The ZOOM app will launch automatically.
- 6. Your healthcare provider will connect to the video session shortly.

Begin visit

7. Tap Join Audio and Start Video.

Find Information About Your Visit

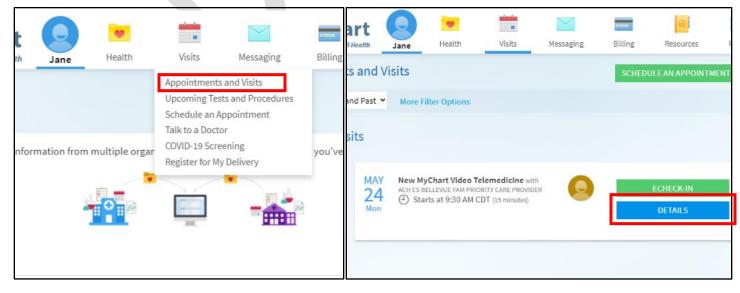
If you are using the MyChart app, follow the instructions under **Mobile device**. If you are using the MyChart website, follow the instructions under **Computer**

Mobile device

- 1. Open the MyChart app on your device.
- 2. Click on the **Appointments** icon
- 3. Find the appointment with the correct date and click on it.

| 📫 My | (Chart 🛱 | rred by | Appointments | : |
|-----------------------|------------------|-------------------|---|---|
| ACTIVITIES | Jane | | NEXT 7 DAYS | |
| COVID-19 Screening | Test Results | Messages To Do | MAY 24 2021 New MyChart Video Telemedicine Monday, May 24, 2021 Starts at 9:30 AM 15 minutes ACH ES BELLEVUE FAM PRIORITY CARE PROVIDER | |
| My Documents | Health Summary | Billing | €⁄ eCheck-In ★ Cancel | _ |
| Estimates | Letters | Questionnaires | PAST You have no past appointments | |
| Share Everywhere | Talk to a Doctor | Symptom Checker | Schedule an appointment | |

- 1. Log into the MyChart website at XXXX
- 2. Click on Visits in the top menu, then select Appointments and Visits.
- 3. Find the appointment with the correct date and click on **Details**.



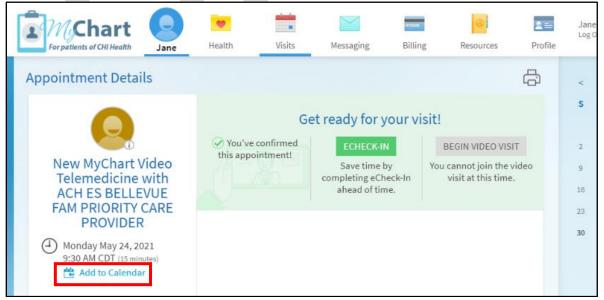
Set a reminder for your appointment

11X

- Mobile device
- 1. Click on **Add to calendar** Add to calendar. You can use deatails of your appointment or just the time in your reminder.
- 2. Follow the prompts on your mobile device to add the reminder to your favorite calendar app

| Appointments | | J Appointments |
|---|--------------------|--|
| New MyChart Vide | 90 | Monday, May 24, 202 |
| Telemedicine | 0 | This is a video v |
| Monday, May 24, 2021 | | Starts at 9:30 AM X |
| ts at 9:30 AM | | To minutes concertipp |
| ninutes Cancel Appt | Add to Calendar | Add to Calendar |
| CH ES BELLEVUE FAM | | - Include Details |
| RIORITY CARE PROVIDER | | G Include Time Only |
| T READY | | Save time at your appointment by updating some of your information |
| Check-In ave time at your appointment by dating some of your information ow. | e Begin | Now. Appointment Confirmed You will not receive a reminder call for this appointment. |
| ppointment Confirmed | _ | |
| DL Begin visit | | 💼 🖉 Begin visit |

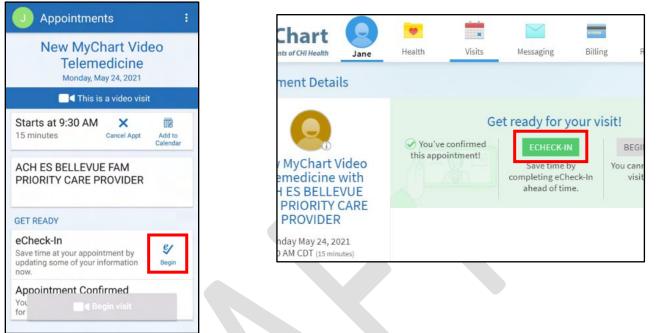
- 1. Click on Add to Calendar 🛎. Choose to include the deatails of your appointment or just the time in your reminder.
- 2. This will download an .ics file which you can open with a computer calendar program like Outlook or Google Calendar.



Up to 48 Hours Before Your Visit – Complete eCheck-In

Mobile device

 From the appointment details screen, click on the checkmark [€]⁄ in the eCheck-In section.



ECHECK-IN button.

Computer 🖵

From the appointment details screen, click on the

Step I – Personal Information

- *Need to make any changes?* click on **Edit** below the information that you want to update. Enter the correct information, the click **Save Changes**.
- *Is everything correct?* Check the box next to **This information is correct** and then press **Next**.

Mobile device

| 🤳 eCheck-In 🛛 🗙 🗄 | |
|--|-----------------------------------|
| Personal Info Medications A | Hor 402 Mo |
| Verify Your Personal Information | Wo |
| Contact Information | Em |
| 16845 Polk Plaza, OMAHA NE 68135 Going somewhere for a while? <u>Add a Temporary Address</u> | |
| ♠ 402-370-6624 ■ Not entered | |
| 円 Not entered ኛ Jane.False1995@email.com | Deta |
| EDIT | Prefen Not e Gende Not e |

| J eCheck- | In 🗙 🗄 |
|---|--|
| DOUGLAS | • |
| Home Phone | |
| 402-370-6624 | |
| Mobile Phone | |
| | ☆ |
| Work Phone | |
| | |
| Email | |
| | |
| Jane.False199 | 95@email.com |
| | 95@email.com /E CHANGES |
| SAV | |
| SAV | YE CHANGES |
| SAV | YE CHANGES |
| SAV Details About Me | /E CHANGES CANCEL e Legal Sex û Female |
| SAV Details About Mo Preferred Name | YE CHANGES CANCEL e Legal Sex ① |

| Details About Me | 2= |
|--------------------------------|--------------------------------------|
| Preferred Name Not entered | Legal Sex (j) Female |
| | . ennere |
| Gender Identity Not entered | Sex Assigned at Birth Not entered |
| Sexual Orientation | Marital Status |
| Not entered | Not entered |
| Race | Ethnicity |
| Not entered | Not entered |
| Ethnic Background | Language |
| Not entered | Not entered |
| Religion | |
| Not entered | |
| | EDIT |
| This inform | mation is correct * |
| | ISH LATER |

| Personal Info Medica | ations Allergies Quest | ionnaires Health Issues | Insura | Verify Your Person | | |
|-------------------------------------|------------------------|--|--------------------------|-------------------------------------|-------------------------------|----------------------------------|
| | | | | Contact Information | | Details Abou |
| Verify Your Personal Info | ormation | | | Going somewhere for a wh | hile? Add a Temporary Address | Preferred Name Not entered |
| | | | | United States of Ar | merica 🎽 | Gender identity |
| Contact Information | ^ | Details About Me | | Street Address 16845 Polk Plaza, | | Sexual Orientatio Not entered |
| 16845 Polk Plaza, OMAHA NE 68135 | 1 402-370-6624 | Preferred Name Not entered | Leg Fer | | | Race Not entered |
| Going somewhere for a while? | Not entered | Gender Identity Not entered | Sex No | OMAHA | Nebraska * 68135 | Ethnic Backgroun |
| Add a Temporary Address | Noah.Whitmore@Co | Sexual Orientation Not entered | Mar No | County DOUGLAS | • | Religion Not entered |
| | | Race Not entered Ethnic Background | Ethi <i>No</i> Lan | Hame Phane 402-370-6624 | Mobile Phone | |
| | | Not entered Religion Not entered | No | Work Phone | Jane.False1995@email.c | |
| | EDIT | notontico | | | SAVE CHANGES CANCEL | |
| This information is corre | | | | This information is | s correct | |

Step 2 – Medications

• *Need to add a medication?* Click **Add a medication**.



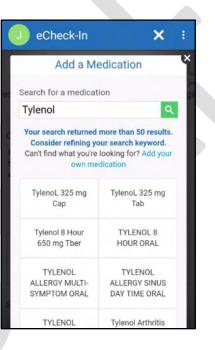
- 1. Type the name of the medication and select it from the list.
- 2. Enter a start date and comment about the medication (optional). Then, press Accept.
 - It will show under the heading "Medications you asked to be added".
 - The medication will become part of your record after your provider reviews it with you.
- *Need to add your pharmacy?* Click **Add a pharmacy**.

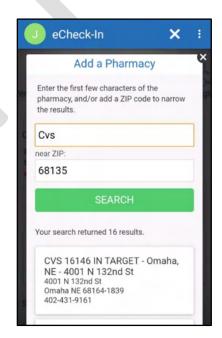
| You have no | pharmacies | on file. |
|-------------|------------|----------|
| + Add | a pharmacy | |

- 1. Type the first few letters of the pharmacys' name or enter the zip code then press Search.
- 2. Select your pharmacy from the list.
- Is everything correct? Check the box next to This information is correct and then press Next.

```
Mobile device
```

| J eChec | k-In | × | 1 |
|----------------|---|----------|--------|
| ersonal Info | Medications | A | llergi |
| CURRENT MEDIC | CATIONS | | |
| | our medications and late. Call 911 <mark>if you h</mark> a | | hat |
| You have r | no medications | on file. | |
| ++ | ADD A MEDICATION | | |
| SELECT A PHARI | MACY FOR THIS VIS | ыт | mal |
| | | | |





| atlents of CHI Health | Jane | Health | Visits | Messaging | Billing |
|-------------------------------------|---------|--|-----------|-----------|-------------|
| k-In | A | dd a Medicati | on | | |
| 20 | | Search for a medication | | | |
| onal Info Medic | | 'our search returne Can't find what you' | | | |
| Medications view your medication | ons and | TylenoL 325 mg C | `ap | | TylenoL 325 |
| | | Tylenol 8 Hour 65 | 0 mg Tber | | TYLENOL 8 |

| B | | | | 9.000A | 0 |
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| dications | Add a Pharm | nacy | | | |
| | Search for a pharmacy | | | | near ZIP |
| tions and | Your search retur | rned 16 results. | | | |
| D A MEDIC | CVS 16146 I 4001 N 132rd 4001 N 132rd Omaha NE 68 402-431-9161 | St | aha, NE - | CVS 16867 I - 3808 TWIN 3808 TWIN CR BELLEVUE NE 402-291-6779 | I CREEK DF EEK DR |
| DINEDI | | | | | |

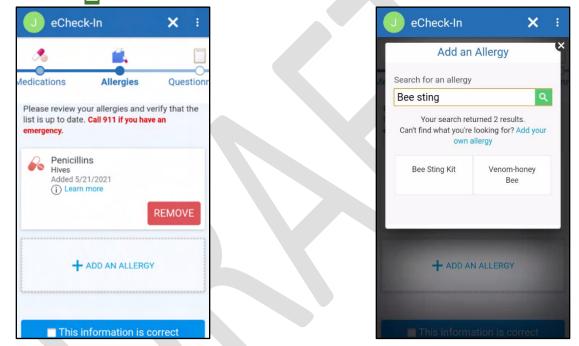
Step 3 – Allergies

• Need to add an allergy? Click Add an allergy.



- 1. Type the name of the allergy and select it from the list.
- 2. Select the reactions that you experience.
- 3. Enter a start date and a comment about the allergy (optional). Then, press Accept.
 - It will show under the heading "Allergies you asked to be added".
 - The allergy will become part of your record after a nurse or provider reviews it with you.
- Is everything correct? Check the box next to This information is correct and then press Next.

Mobile device



Computer 🖵

| eCheck-In | | | Jane | Health | Visits | Messaging | Billing | Resources | Profile | Jane Log O |
|--|--------------------------|------------------|----------|---|--------|--------------------|---------------|-----------|---------|---------------|
| Personal Info Medications | Allergies Questionnaires | Health Issue | | Add an Allergy | | | | | Q | 8 |
| Please review your allergies and verify the | | if you have an e | ations | bee sting Your search returned Can't find what you' | | Add your own allen | EV | | | I |
| Penicillins Hives Added 5/21/2021 Dearn more | + ADD AN ALLER | | ind veri | Bee Sting Kit | | | Venom-honey B | lee | | Į |
| This information is correct BACK NEXT FINISH LATER | | orre | LATER | | | | | | | |

5/24/2021

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Step 4 – Questionnnaires

You may be asked to complete questionnaires during eCheck-in. For each questionnaire, select the apporpriate answers and press **Continue**.

- While completing the medical history questionnaire, enter an approximate date if you are able to. Even just the year is better than nothing.
- While completing family history, if you you have no family history of a condition, just leave it blank.
- At the end of each questionnaire, you will be shown all of your answers to verify they are correct
- *Is everything correct?* Press **Submit**.

Mobile device

| eCheck | -In | | J eCheck-In | |
|----------------------|---|--------------|------------------------|--|
| | | 1 | Step 1 of 4 | |
| gies | Questionnaires | Health Is | Medical History | |
| | re will not be vie | | Allergies | |
| are suicida | he time of your a al, please seek he | elp | Yes | |
| | alling 911, going n, or contacting t | | Depression | |
| | on line at 1-800-2 | | Yes | |
| | weeks, how oft by any of the fo | | Date first noted | |
| ms? | | | Nov 2020 | |
| Little int things | erest or pleasu | ire in doing | Comments | |
| Not | at all Sev | veral days | | |
| | | | Nerve / muscle disease | |
| More th | | arly every | Yes | |
| 44.0 | | | | |
| the | days | day | Anemia | |

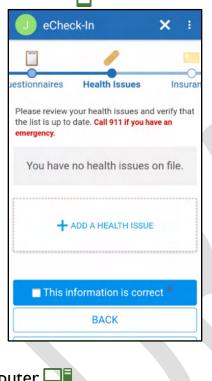
| eCheck-In | | | | |
|---------------------------------|----------------------|-----------------------------------|-----------------|------------------------|
| 1 0 | 6 🛋 | | | h |
| Personal Info Medic | ations Allergie | s Questionnaires Health I | ssues Insurance | O Sign Documents |
| Patient Medical His | tory | | | |
| Step 1 of 4 | | | | |
| Please fill out the following q | uestionnaire. When a | vailable, data is pulled from you | r chart. | |
| Medical History | | | | |
| Ouestion | Response | Date first noted (approx) | Comments | |
| Allergies | Yes No | 2015 | | |
| Depression | Yes No | Nov 2020 | | |
| Nerve / muscle disease | Yes No | | | |
| | | | | |
| Anemia | Yes No | | | |

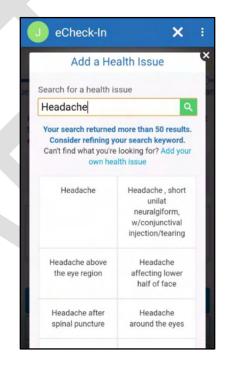
Step 5 – Health Issues

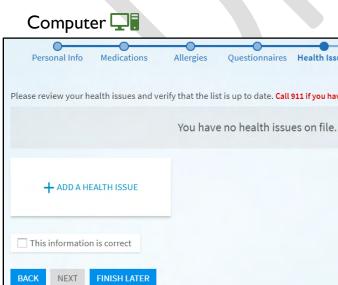
• Need to add health issue? Click Add a health issue.

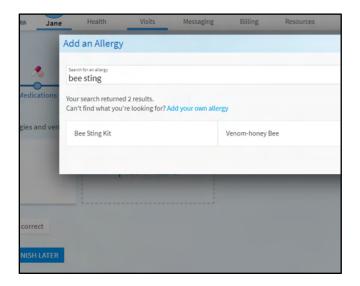


- 1. Search for the health issue and select it from the list.
- 2. Enter a start date and a comment (optional). Then, press Accept.
 - It will show under the heading "Health issues you asked to be added".
 - The issue will become part of your record after your provider reviews it with you.
- Is everything correct? Check the box next to This information is correct and then press Next.
 Mobile device









Step 6 – Insurance

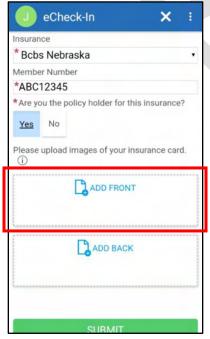
During this step, you will verify the person that is responsible for payment for this visit.

- For the first question "We have this person on file to pay for the costs...", if the person listed on the screen is correct, press Yes. If the person listed is incorrect, press No and contact the clinic to update this information when you are able to.
- If you would like to bill insurance for this visit, make sure that your insurance information is up to date.
- Need to add insurance coverage? Grab your insurance card, and then...
 - 1. Press Add Coverage.
 - 2. Select your insurance company in the dropdown.
 - 3. Enter your Member Number
 - 4. If you are not the policy holder (aka you are a dependant on the insurance plan), answer *No* to the question "Are you the policy holder for this insurance?
 - Then fill in the policy subscriber's first and last name, date of birth and subscriber number.
 - 5. If you are able to, upload an image of your insurance card...

Mobile device

You can take a photo of your insurance card with your device's camera. Lay your insurance card on a flat surface where it is well lit.

- 1. Press Add Front data and then tap Take new photo.
 - a. You might see a message asking you to allow MyChart to access your camera and/or photos press OK or Allow.
- 2. Take a photo of the front of your insurnace card using your device's camera. After you snap the photo, you will be able to review it to accept or take it again.
- 3. Perform the same steps to take a photo of the back of your insurance card.
- 4. Press **Submit** to continue.





Computer 🖵

If you have an image or scan of the front and back of your insurance card on your computer, you can upload them.

- 1. Press Add Front 🔓 and a file selection window will open.
- 2. Navigate to the image of the front of your insurance card.
- 3. Select the image and press **Open**.
- 4. Perform the same steps to upload an image of the back of your insurance card.

| 5. Press Submit to continue. | |
|--|---|
| *Indicates a required field | |
| *Insurance Bcbs Nebraska | ~ |
| *Member Number ABC12345 | |
| *Are you the policy holder for this insurance? | Open X |
| Yes No | 🚱 🖓 🗸 🕨 Downloads 🔹 👔 Search Downloads |
| Please upload images of your insurance card. (i) | Organize ▼ New folder Image: Second secon |
| File types: BMP, JPEG, JPG, PDF, PNG, TIF, TIFF | Downloads Image: Insurance-card-back.png 5/24, Image: Desktop Image: Insurance-card-front.png 5/24, Image: Desktop Image: I |
| The maximum file size is 1 MB. | v |
| ADD BACK | File name: Custom Files (*.bmp;*.jpeg;*.jp; |
| File types: BMP, JPEG, JPG, PDF, PNG, TIF, TIFF | Open Cancel |
| The maximum file size is 1 MB. | |
| SUBMIT CANCEL | |
| This information is correct | |
| BACK NEXT FINISH LATER | |

- MyChart will attempt to verify your insurance information. This process could take up to 45 seconds
- *Is everything correct?* Check the box next to **This information is correct** and then press **Next**.

Step 7 - Sign Documents

- You may be asked to sign documents during the eCheck-In process.
- Click the **Review and Sign** button next to a document to sign it.

REVIEW AND SIGN



- 1. Review the information in the document.
- 2. To add your signature, tap any box that says "Draw to Sign" and use your finger to write your signature.
 - a. *TIP:* Turn your mobile device sideways in landscape mode while signing.
- 3. Press the eraser icon \leq to clear the signature or the check mark \leq to accept it.
- 4. Scroll to the bottom of the document and press Continue
- 5. After signing all documents, press **Submit**

| Acknowledgement of receipt of notice of privacy practices. | | | |
|---|--|--------------|---|
| Please initial: | | | |
| Z Draw to Sign | 🕕 eCheck-In | × | : |
| acknowledge receipt of CHI Health's Notice of Privacy Practices. | Acknowledgement of receipt of notice of privacy practices. | | |
| For Hospital Patients Only: Acknowledgement of receipt of patient right Please initial: Provided with information about my patient The undersigned certifies that he or she has read the foregoing, is the patient, | Please initial: Jacknowledge receipt of CHI Health's Notice of Privacy Practices. For Hospital Patients Only: Acknowledgement of receipt of patient rights and responsibilities | information. | |
| patient's guardian, power of attorney, parent or is duly authorized by or on behalf of the parent to execute the above and accept its terms. Patient's Signature/Parent if Minor/Power o Patient's Draw to Sign | Please initial: | | |

- 1. Review the information in the document. To add your signature, click any box that says "Click to Sign"
- 2. A signature will be added to the box
- 3. Press Continue
- 4. After signing all documents, press Submit

| For patients of CH | art Jane | Health | Visits | Messaging | Billing | Resources | Profile | Jane False Log Out | |
|---------------------|--|----------------------|-------------------|----------------------------|-----------------|----------------------|----------------|-----------------------|---|
| eCheck-In | Consent to Treat | t - Clinic | | | | | | | × |
| 2 | The Notice of Privacy detail. Acknowledgement of | | | | nay be used and | l disclosed. You can | review this do | cument <u>here</u> in | |
| Personal Info | Patient | Signature Jane Fa | lce | | | | | | |
| Please review and a | Please initial: | | Signature gene | erated for Jane False ac | knowledge rec | eipt of CHI Health | 's Notice of P | rivacy Practices. | |
| Consent to Trea | Acknowledgement of | | nt rights and res | ponsibilities informa | tion. | | | | |
| | Patien | t Signature | 6 | | | | | | |

Step 8 – Co-Payment and Finish eCheck-In

After signing documents, you may be required to make a co-payment depending on your insurance. Follow the prompts in MyChart to make a payment. After completing the last step, you will see a thank you message.

| Mobile device | Computer 🖵 | | | |
|--|---|---|--|--|
| Click the × in the top right to close the | For patients of CHI Health Jane Health Visits | Messaging Billing Resources Profil | | |
| thank you message. | Appointment Details | - | | |
| U eCheck-In X : | Thanks for using eCheck-In! The information you've submitted is now on file. | | | |
| Thanks for using eCheck-In! The information you've submitted is now on file. | Vou've confirmed this appointment! | s BEGIN VIDEO VISIT You cannot join the video visit at this time. | | |
| | ACH ES BELLEVUE FAM PRIORITY CARE POOVIDEP | Review your questionnaire answers below. Patient Health Questionnaire (PHQ-9) (Print) Patient Medical History (Print) | | |
| | A Monday May 24 2021 | | | |

Start Your Video Visit

Once you are ready, open the details of your visit and press select the **Begin visit** button to start your virtual visit. This button will be available 15 minutes prior to your visit start time.

Mobile device

- 1. Open the details of your visit (Appointments -> Click on your visit).
- 2. Click **Begin visit** at the bottom of the screen.
 - a. *Can't click on it?* You might be too early, the button is available 15 minutes before your visit.
- 3. The Zoom app will open on your phone and you will be placed into a virtual waiting room.
 - a. You do not need to press the Sign In button at this screen.
- 4. Once the provider joins the room, you will be prompted to enter your name.
- 5. Click Join Audio and then click "Wifi or Cellular Data" or "Call via Device Audio".

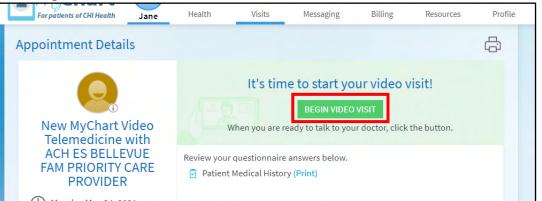
6. Click Start Video so your provider can see you during your visit.

| ta 25 ∲ 2 ♣ 🗢 🗢 ''G'⊿10 | 0% 🛿 4:24 PM |
|--|--------------------|
| J Appointments | : |
| Monday, May 24, 2021 | |
| ■ This is a video visit | |
| Starts at 4:30 PM X 15 minutes Cancel Appt | Add to Calendar |
| ACH ES BELLEVUE FAM PRIORITY CARE PROVIDER | |
| GET READY | |
| eCheck-In Complete Thanks for using eCheck-In. The information you've submitted is now on file. | 0 |
| Confirm Appointment Confirm now to skip the reminder call for this appointment. | Confirm |
| ■ ■ Begin visit | |
| | |



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- 1. Click on Visits in the top menu, then select Appointments and Visits and select your visit.
- 2. Press Begin Video Visit.



- 3. If Zoom doesn't open, press Launch Meeting and follow any prompts on your computer to open Zoom.
- 4. Click Join Audio in the bottom right.



- a. If you have a computer microphone, click Join with Computer Audio.
- b. If you do not a have a computer microphone, click **Phone Call** and call one of the numbers.
 - i. *TIP:* Use a toll free number! You may need to scroll down the list to find one.

| Phone Call | Computer Audio | |
|----------------|---|--|
| Country/Region | United States ~ | |
| Dial | +1 408 638 0968 +1 602 753 0140 +1 669 900 6833 877 853 5247 (Toll Free) 888 788 0099 (Toll Free) | |
| Meeting ID | 617 261 2110 | |
| Participant ID | 137810 | |
| Passcode | 10172020 | |

5. Press Start Video to start your webcam so your provider can see you during your visit.

