

**Digital Check In Capability Illustrative Workflow**

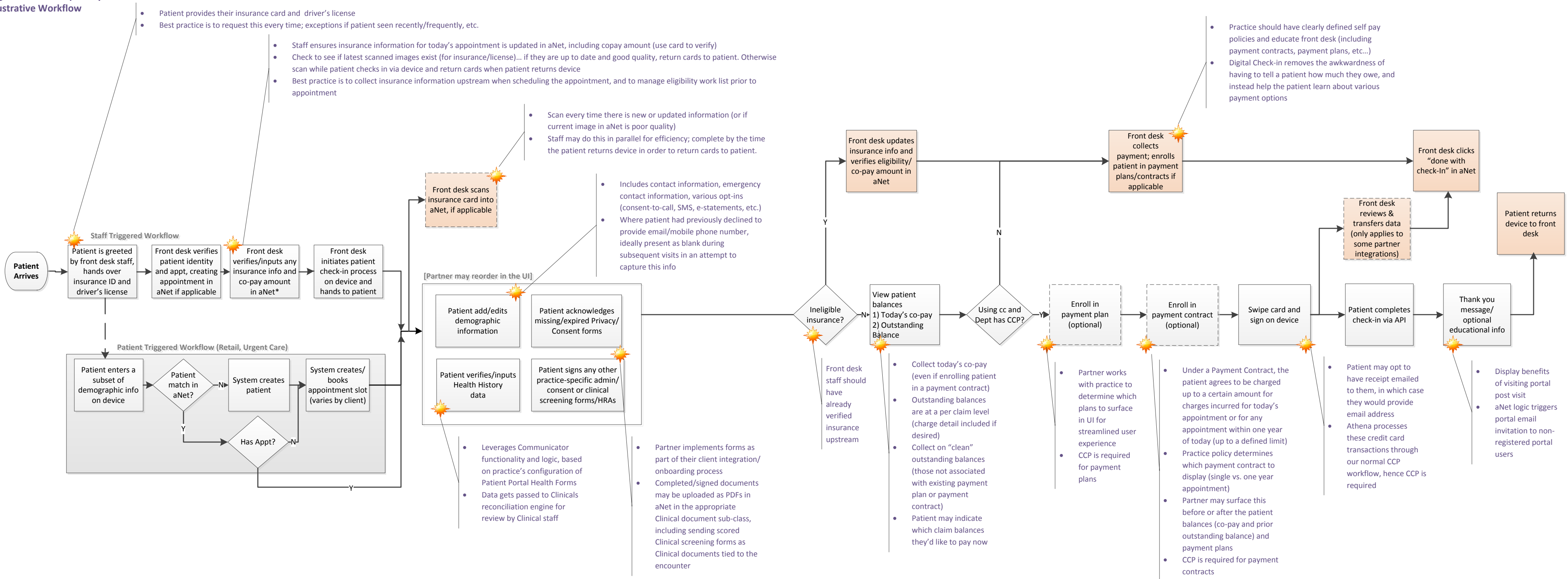
- Patient provides their insurance card and driver's license
- Best practice is to request this every time; exceptions if patient seen recently/frequently, etc.

- Staff ensures insurance information for today's appointment is updated in aNet, including copay amount (use card to verify)
- Check to see if latest scanned images exist (for insurance/license)... if they are up to date and good quality, return cards to patient. Otherwise scan while patient checks in via device and return cards when patient returns device
- Best practice is to collect insurance information upstream when scheduling the appointment, and to manage eligibility work list prior to appointment

- Practice should have clearly defined self pay policies and educate front desk (including payment contracts, payment plans, etc...)
- Digital Check-in removes the awkwardness of having to tell a patient how much they owe, and instead help the patient learn about various payment options

- Scan every time there is new or updated information (or if current image in aNet is poor quality)
- Staff may do this in parallel for efficiency; complete by the time the patient returns device in order to return cards to patient.

- Includes contact information, emergency contact information, various opt-ins (consent-to-call, SMS, e-statements, etc.)
- Where patient had previously declined to provide email/mobile phone number, ideally present as blank during subsequent visits in an attempt to capture this info



- Leverages Communicator functionality and logic, based on practice's configuration of Patient Portal Health Forms
- Data gets passed to Clinicals reconciliation engine for review by Clinical staff

- Partner implements forms as part of their client integration/onboarding process
- Completed/signed documents may be uploaded as PDFs in aNet in the appropriate Clinical document sub-class, including sending scored Clinical screening forms as Clinical documents tied to the encounter

- Front desk staff should have already verified insurance upstream

- Collect today's co-pay (even if enrolling patient in a payment contract)
- Outstanding balances are at a per claim level (charge detail included if desired)
- Collect on "clean" outstanding balances (those not associated with existing payment plan or payment contract)
- Patient may indicate which claim balances they'd like to pay now

- Partner works with practice to determine which plans to surface in UI for streamlined user experience
- CCP is required for payment plans

- Under a Payment Contract, the patient agrees to be charged up to a certain amount for charges incurred for today's appointment or for any appointment within one year of today (up to a defined limit)
- Practice policy determines which payment contract to display (single vs. one year appointment)
- Partner may surface this before or after the patient balances (co-pay and prior outstanding balance) and payment plans
- CCP is required for payment contracts

- Patient may opt to have receipt emailed to them, in which case they would provide email address
- Athena processes these credit card transactions through our normal CCP workflow, hence CCP is required

- Display benefits of visiting portal post visit
- aNet logic triggers portal email invitation to non-registered portal users