

Scheduling an E-Visit in MyChart

Patients who are 18 years or older can schedule an E-Visit within MyChart and be treated virtually within 2 business days.

This guide will provide you with an overview of how to easily schedule your next E-Visit.

Try It Out!

- 1. Log into your MyChart using your MyChart Username.
 - a. Enter your **Password**.
 - b. Click Sign In.

With MyChart, you can access your personal healthcare information at any time using your computer or smartphone. It's just another way Wellstar delivers convenient care for your wellness journey.	1 a b	MyChart Username jbyers Password Sign in Forgot MyChart Username? Click here! Password Reset - Click here! Don't have a MyChart account? Sign Up
Need Assistance? Call the MyChart Help Desk Call (470) 644-0419 Monday through Friday from 8:30 AM - 5 PM	Read our FAQs	Pay as guest Get an Estimate

2. To schedule an E-Visit, click 😑 Menu.



3. Select $\stackrel{\text{def}}{2}$ E-Visit.

Menu	Aart	MyChart by
Q Search the menu	🗹 Messages 👗 Test Results 💰 Medications	Joyce 🗸
Find Care	• • • • • • • • • • • • • • • • • • •	
🔂 Schedule an Appointment		
3 🖞 E-Visit	t	Care Team and Recent Providers
🖓 View Care Team	D Sep 13	Sam Owens, MD
Q Search for Provider	ank you for activating your Wellstar MyChart	Primary Care Provider



4. Review the E-Visit disclosure and click **Continue** to acknowledge.

Wellstar MyChart	MyChart ^{by} E
📄 Menu 🗔 Visits 🖂 Messages 👗 Test Results 💰 Medications	Joyce 🗸
E-Visit Start over	Please call 911 if you have an emergency or urgent medical question. Related Links
What is an E-Visit? An E-Visit is a way to get care for certain conditions without needing to schedule an appointment or come in to the clinic. We'll ask you some questions about yourself and your symptoms, and a member of our E-Visit team will respond with a care plan or recommendations for what to do next.	Find care now

5. Confirm your current location (This service is currently only available for Georgia residents). a. Click **Confirm**.

Wellstar MyChart	MyChart by
😑 Menu 💿 Visits 🖂 Messages 👗 Test Results 💰 Medications	Joyce 🗸
E-Visit Start over	A
Overview Edit 🖉 Location 🕂 Reason for E-Visit 📄 Fill out your E-Visit	Please call 911 if you have an emergency or urgent medical question.
Where are you currently located?	Related Links
To confirm a provider is available for your visit, we need to know your current location. Select a Location Country	Find care now
United States of America ~	
* State or territory 5 Georgia a Confirm	



- 6. Select one of the available Reasons for E-Visits.
 - a. Click Continue to proceed.

	😑 Your Menu 💿 Visits 🖂 Messages	Test Results	\delta Medicat	ions				
	E-Visit						Start over	Please call 911 if v
	Overview Edit	Location Edit Georgia	+	Reason for E	-Visit		Fill out your E-Visit	urgent m Related Links
	What brings you here today?							Find care nov
	Pink Eye	Sinus			Urinary Tr	act Infec	tion	
	Cough							
SUN SAU	Continue Cancel			_				
		Back to th	e home pag	e				

7. Review the Reason for E-Visit, your Current Location, and the Estimated Cost for this visit. a. Click **Confirm and Proceed** to continue.

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	Aenu 💼 Visits 🖾 Messages 👗 Test Results 💰 Medications	Joyce 🗸
E-Vi	Start over	A
0	Overview Edit Ov	Please call 911 if you have an emergency or urgent medical question.
	E-Visit with Next available provider	Related Links Find care now
7	 Pink Eye This is the reason for your E-Visit. Georgia This is your current location. You will be asked details about your personal information and health before your E-Visit is submitted. You will also be asked to enter your credit card information. If the E-Visit is cancelled, your payment will be refunded. Confirm and proceed 	



8. Verify your Personal Information and make any changes if necessary, by clicking 🖍 Edit. a. Click Next.



9. Sign required consent forms to continue by clicking **Review and Sign**.

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Menu 🗔 Visits 🖂 Me	essages 🔺 Test F	esults 🔕 M	Nedications			Joyce 🗸
E-Visit for Pink Eye						
	-	*	2	X		
Personal Info Sign Documents Please review and address the follow	Medications	Allergies	Health Issues	Travel History	Questionnaires	
MyChart WMG Patient Commu	nication Review and s	ign				
Next Back Finish later						

- 10. Scroll down and click to sign the document.
 - a. Click Accept then Next to the next section.

😑 Menu 🗔 Vis	its 🖂 Messages 👗 Test Results 💰 Medications	Joyce -
MyChart WMG Pati	ent Communication	×
	purpose of creating PHI for disclosure to a third party legally authorized to received such information. I understand that I will be given a copy of this authorization. Signature/Date: Joyce Byces Core Core Core Core Core Core Core Core	
	(a) LACCEPT	Cancel



11. Confirm your Current
Medication(s) and click into the pharmacy or click + to Report any new medication.
a. Confirm your pharmacy by clicking onext to the pharmacy or click + to add one.

b. Click Next to continue

😑 Wellstar MyChar	t				MyChart ⊮ Epic J ▼ C+ Logout
	• *	0	X		
Personal Info Sign Medic Documents	ations Allergies	Health Issues	Travel History	Questionnaires	
Current Medications					
Please review your medications and verify that	the list is up to date. Cal	l 911 if you have an e	emergency.		
+ Report a medication					
Medications You Reported Taking					
Medications will not be added until your provid	ler reviews them in a fut	ure visit.			
TylenoL 325 mg Tab Dearn more Started taking on August 23, 2019					
Remove					
a ou must select a pharmacy for this E-Visit.					
WellStar Pharmacy Netw @ Cobb - Auster 3950 AUSTELL RD, MAIN STREET 8 RETAIL PHARMA	e <mark>ll, GA - 3950 AUSTELL RE</mark> ACY Austell GA 30106	2		Û	
+ Add a pharmacy					
Clear pharmacy selection					
b Next Back Finish later					

12. Confirm any existing $\stackrel{\text{leges}}{=}$ Allergies or click $\stackrel{\text{leg}}{=}$ to **Remove** or + to **Report** a new allergy. a. Click Next to continue

Wellstar MyChart	MyChart PrEpic Logout
Menu 💿 Visits 🖂 Messages 👗 Test Results 🔕 Medications	Joyce 🗸
E-Visit for Pink Eye	
Personal Info Sign Medications Allergies Health Issues Travel History Questionnaires Documents	
Please review your allergies and verify that the list is up to date. Call 911 if you have an emergency.	
You have no allergies on file.	
12 + Report an allergy	
a Next Back Finish later	





- 13. Confirm any existing *Heath* Issues and click in to **Remove** or **O** to **Report** any new issues.
 - a. Click **Next** to continue.

Wellstar MyChart					MyCha ** Epic	t Logout
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E-Visit for Pink Eye						
Personal Info Sign Me Documents	edications Allergies	Health Issues	Travel History	Questionnaires		
13 + Report a health issue	You have no health issu	ues on file.	emergency.			
Health Issues You Reported						
Added 8/23/2019 i Learn more Remove						
a Next Back Finish later						

14. Report any trips that you have taken outside of the country within the last 30 days. a. Click + to Add any trips.

Wellstar MyChart	MyChart ^{by} E
😝 Menu 🗇 Visits 🖾 Messages 👗 Test Results 💰 Medications	Joyce 🗸
E-Visit for Pink Eye	
Please update the trips you have taken since August 16, 2022. You have no trips on file.	
Add a trip Image: Add a trip Image: Back Finish later	

b. Click **Next** to continue.





15. Complete the 🧧 Questionnaires that are related to Communicable Diseases.

- a. Select the appropriate answer for any **New** or **Worsening Symptoms**.
- b. Indicate if you have been in contact with someone that was confirmed or suspected to have COVID-19.
- c. Indicate if you have had a COVID-19 viral test in the last 10 days.
- d. Click **Continue** to answer the visit specific questionnaires then **Submit**.

E-Visit for Pink Eye			
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Personal Info	ties Health Issues	O Travel History	Questionnaires
Documents	gica medicinasues	Traver matory	Questionnanes
Communicable Disease Screenin	ng		
For your E-Visit			
Please review your responses. To finish, click Submit. Or, click any	y question to modify an	answer.	
Question	Answer		
a Do you have any of the following new or worsening symptoms?	None of these		1
b In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	Yes		1
C Have you had a COVID-19 viral test in the last 10 days?	No		1
Back Finish later Cancel			

16. Complete the **Questionnaires** that are visit specific.

- a. Indicate if you have been exposed to someone with similar symptoms.
- b. Mark if you wear contact lenses.
- c. Select any of the listed existing conditions.
- d. Indicate any current related health issues.
- e. Click **Continue** after all questions have been answered.

E-Visit for Pink Eye
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Descent lafe Size Madiations Allering Hadib laws Traul Uither Out
Documents
Red Eye
For your E-Visit
*Indicates a required field.
*Have you been exposed to anyone with similar symptoms?
a Yes No
*Do you wear contact lenses?
(b) Yes No
* Have you had any of the following? Select all that apply.
Rheumatoid arthritis Ulcerative colitis Psoriatic athritis Sarcoidosis Crohn's Disease
C Poorly controlled hypertension Lam not sure None of the above
Poorty controlled hypertension Prain not sure None of the above
*Have you had any of the following in the past?
Select all that apply.
d Eye surgery Glaucoma Serious eye injury Blocked tear duct Something not on the list
I have not had any past problems with my eyes
Continue Back Finish later Cancel



17. You will be able to add any over-the-counter or prescribed medication you are currently using to treat this.a. click **Continue** after you've added this.

E-Visit for Pink	Eye					
2 ==	h	<i>e</i> .	*	0	X	E
O Personal Info	Sign Documents	O	Allergies	O Health Issues	O Travel History	Questionnaires
Red Eye						
For your E-Visit						
*Indicates a required	field.					
*Please enter the m	edications you	ı have been using				
17 Visine						
994 of 1000 c	haracters remair	ning.				
a Continue B	ack Finish la	ater Cancel				

18. You will be able to review your responses and make any changes by clicking / next to your answer.a. You can click **Submit** when you have completed the questionnaire.

Question	Answer	
8 Have you had any of the following?	None of the above	11
Have you had any of the following in the past?	I have not had any past problems with my eyes	1
What medications are you currently using for these symptoms?	Eye drops from the shelf in the pharmacy	1
Please enter the medications you have been using	Visine	1
If you are able, please provide images of the affected eye(s).		1
Anything else you would like to add?		1
Are you pregnant?	I am confident that I am not pregnant	1.
Submit Back Finish later Cancel		

19. To pay for your E- Visit, **click** sign up for this visit on the payments screen. Then **click next.** If you select "do not sign up now" you will receive a statement in the mail or via my chart based on your communication preferences.

E-Visit for Pink I	Eye					
		— 0——		X	O	
Personal Info	Medications	Allergies	Health Issues	Travel History	Questionnaires	Payments
ayment for This Vis	sit					
isit Auto Pay						
ave time and paper by sig	ning up to automatically	pay for this visit and relat	ed			
ervices when your balance D Learn more	e becomes due.					
			÷			
Sign up for this	VISIT	Up to :	549			
🔵 Do not sign up	now					
otal amount you'll p	ay: \$0.00					
Next Back Fi	nish later					



20. Enter your billing details and click save.

	*	0	*		
Personal Info Medications	O Allergies He	olth Issues	O Travel History	Questionnaires	Pay
w do you want to pay?					
er payment information					
Add New Payment Method					
,					
Name On Card	Exp Date (MM/YY)				
Name On Card Training Female	Exp Date (MM/YY)				
Name On Card Training Female Card Number	Exp Date (MM/YY)				
Name On Card Training Female Card Number 5195-0966-4500-2095	Exp Date (MM/YY)				
Name On Card Training Female Card Number 5195-0966-4500-2095 Billing Address	Exp Date (MM/YY) 11/25 Billing City				
Name On Card Training Female Card Number 5195-0966-4500-2095 Billing Address 99 Training WAY	Exp Date (MM/YY) 11/25 Billing City Hiram				
Name On Card Training Female Card Number 5195-0966-4500-2095 Billing Address 99 Training WAY Billing State/Province/Region	Exp Date (MM/YY) 11/25 Billing City Hiram Billing Zip/Postal Code				

20. Click submit.

E-visit for Pink Eye		
Personal Info Medications	Allergies Health Issues Travel History Questionnaires	- Payments
✓ Your Visit Auto Pay agreement has beer	created.	Ē
We sent a confirmation to you@gmail.com		
Date: 11/22/2022		
Visit Auto Pay 🕕	Payment method	
\$49	VISA Training Female	
Visit Auto Pay Agreement #478764 has been created to automatically pay up to \$49 for this service when your balance becomes due.		
Submit Back Finish later		
	Back to the home page	



21. You have completed your E-Visit request.

Wellstar MyChart	
😑 Menu 🙃 Visits 🖂 Messages 🥡	Test Results Medications
E-Visit Details	
Your E-Visit for Pink Eye ha You can expect to receive a MyCh response, please contact the MyC Care or call 911. You can return to	as been submitted hart message with a response from our team within two business days. If you do not receive a Chart team at 470-644-0419 or if your symptoms worsen, please go to the nearest Urgent to this page through your appointments and visits list.
	Your E-Visit Submission Review your questionnaire answers below. Communicable Disease Screening (Print)
E-Visit for Pink Eye with WMG E-VISIT	 Red Eye (Print) Visit Instructions An E-Visit should only be used for non-urgent medical conditions, as it may take up
X Cancel E-Visit	 to 2 business days to receive a response. For medical emergencies, call 911 immediately. For any questions or concerns please contact the MyChart Help Desk 470-644-0419 Monday through Friday 8:30 am-5:00 pm. For billing questions please contact 470-245-9998.
	Back to Appointments and Visits