

## How to Request a by Proxy Immediate Care Video Visit

This tip sheet describes how a patient can request an on-demad video visit for a patient other than onesself.

## **Request and Schedule Appointment**

1. From the UCLAHealth website, scroll down and click on Find immediate care.



2. Scroll down and click Video Visit.

1. Walk-in to one of our 12 locations (no appointment	nt req	uired)			
2. Join an Immediate Care video visit on your compl	uter, ta	ablet or smartphone			
3. Save your spot before visiting an Immediate Care	locati	ion			
Ready for immediate care? Choose an option b	elow.	If it's a medical emergency, call 911 or head to	o the	nearest emergency room.	
Video Visit		Save My Spot		Walk-in Care	
Join a virtual queue to see the first available physician in a secure call.		Select your preferred location and appointment time before you come in.		Find immediate care locations below.	
Video Visit		Save My Spot		Our Locations	<b>(</b>

3. Click Schedule for someone else.

4	Please call 911 if you have an emergency or urgent medical question.	
-	Schedule with your myUCLAhealth account	
	Scheduling a video visit is faster with an existing myUCLAhealth account.	Log in and schedule
	OR	
	Schedule without a myUCLAhealth account	
	Don't have a myUCLAhealth account yet? No problem. You can start scheduling without an account. Tell	Schedule for yourself
	us if you are scheduling for yourself or someone else. Patients under 12 years old must be accompanied by a parent or guardian to have a video visit.	Schedule for someone else



4. **Confirm** your country and state.

Location	Reason for visit	Providers	(J) Time	Review
Where are you current	ly located?			
Due to regulation: California. If you a	s, our doctors are only able to c re living in another state, pleas	are for patients residing in e seek out local medical care.		
Country United States of	* State of America • Cali	e or territory fornia 🗸 🗸		
		Confirm		

5. Click General urgent care symptoms.

California	Reason for visit	Providers	Time	Review
What brings you here to	oday?			
General urgent care symp	otoms →			

6. Select **Put me in line** for the next available provider, or **Schedule** or **More times** to schedule an appointment time.

California	Reason for visit Edit General urgent care symptoms	Providers	() Time	Review
Who would you like to talk t	to?			
		2		
Next available provider	Physician Family M	ledicine, MD		
Put me in line 🥌	Available at 4 Schedule	:45 PM More times		





7. Review the appointment time and date, and click Continue.

California	Reason for visit Edit General urgent care symptoms	Providers Edit Physician Family Medicine, MD	Review
Review your selections			
R Physician Family Medicine	, MD		
🖞 General urgent care sympt	oms		
Monday January 23, 2023 4:45 PM			
Click the Continue button if every	rthing looks correct.		

8. Complete all mandatory fields (fields with an asterisk) with patient information.

Patient Information				
	÷.	ŧ		
	Patient details	Tell us about yours	elf	
First, we need to collect some information about	the patient. If you have any o	questions, please contact	us at (855) 364-7052.	
* Indicates a required field				
Name				
* First name	Middle name		* Last name	
First name is required.				
Address				
* <sub>Country</sub> United States of America				v
* Street Address				
* City	* State		✓ × ZIP	
County	~			
Other Information				
*				
Date of birth				
Home phone	* Mabila phone		7	
nome phone	Mobile phone			
* Legal Sex				
Female Male Unknown X				
Medical record number				
Last four digits of SSN				
			_	
* Email address	* Verify email address			
Next Start over				





- 9. Click Next.
- 10. Complete all mandatory fields with your information.
- 11. Click I'm not a robot and answer the image questions.
- 12. Click Submit.

Alicia		Albillo
Other Information		
Date of birth		
12/05/1980		
Mobile phone		
3105555555		
*Fmail address	🗶 Maniferamail addresn	
xyz123@gmail.com	xyz123@gmail.com	
*I am the patient's		
*Relationship Mother		
Area spam prevention measure, complete the CAPTO	CHA below.	
11		
I'm not a robot		
Submit Back Start over		

- 13. Enter a reason for the visit.
- 14. You can choose how you receive notifications (text, email, or both).
- 15. Click Schedule.

<ul> <li>* What is the most important thing you want addressed during this visit?</li> <li>* What is the most important thing you want addressed during this visit?</li> <li>495 of 500 characters remaining</li> <li>495 of 500 characters remaining</li> <li>How would you like to be notified about this visit?</li> <li>This may include a link to access the visit, notifications when the provider is ready, and a followup after the visit.</li> </ul>	You're almost there!	
•.+5 rm 14 □ Text me: 310-555-5555 / ☑ Email me: xyz123@gmail.com / 15 Schedule	<ul> <li>Physician Family Medicine, MD</li> <li>General urgent care symptoms</li> <li>Monday January 23, 2023 4:45 PM</li> </ul>	<ul> <li>* What is the most important thing you want addressed during this visit?</li> <li>495 of 500 characters remaining</li> <li>A How would you like to be notified about this visit?</li> <li>This may include a link to access the visit, notifications when the provider is ready, and a followup after the visit.</li> <li>Text me: 310-555-5555 /</li> <li>Text me: xyz123@gmail.com /</li> </ul>

You have created an appointment. The next section will take you through the precheck-in process.



## **Steps for Precheck-in**

1. Click Start preCheck-in.



2. Select a payment option, and click Next.



The following shows steps if you select the **Use insurance** option and have no coverage on file:

- a. Click Add a coverage.
- b. Click Next.





- c. Add your insurance, click **Submit**, and click **Next**.
- d. Enter your insurance information.

Add a cov	/erage
Choose you	Ir insurance provider. If your insurance provider is not listed choose "Othe
*Indicate	es a required field
	•
*Insurance	~
Member Nu	mber
*Is the p insurance	atient, , the policy holder for this e?
Yes	No
Subscrib	per Information
Subscriber I	irst Name
*Subscriber I	.ast Name
Subscriber Da	te of Birth
Subscriber Nu	imber

e. After a short wait, your insurance will appear under a Pending Review status.

Pending Review	
Blue Shield of California Subscriber Name	Added Subscriber Number
Next Finish later	

- f. Click Next.
- 3. You'll see the cost of the visit. Click **Next**.

Paymer	nt for This Visit
Prepay This is the	r e amount you must pay before the visit. Amount due
Total arr	nount you'll pay:
Next	Back Finish later



4. Enter payment information, and click Submit.



5. On the payment confirmation screen, click Next.



6. You will now be asked to report any medications, allergies, or health issues. After completing each section, click **Next**.

preCheck-in								
	<b>^</b>		6.	*	0	h		
	Insurance	Payments	Medications	Allergies	Health Issues	Sign Documents		
Current Medications								
Please review your medications and verify that the list is up to date. Call 911 if you have an emergency.								
You have no medications on file.								
+ Report a medication								
Next	Back Finish la	iter						



7. You will be asked to review and sign the Outpatient COA form. Click Review and sign.

preCheck	-in					
	<b>^</b>		<i>e</i> .	*	<u></u>	h
	Insurance	Payments	Medications	Allergies	Health Issues	Sign Documents
Please review	and address th	e following docu	iments.			
Outpatient	t COA English	- E-Sign	F			
Not Signed	Yet					
		Re	eview and sign			
Submit	Back Finis	n later				

8. Scroll down to review the document, answer the mandatory questions, and sign the document.

Outpatient COA English - E-S	ign 😵	
	*	
	I have read, agreed to and received a copy of this Terms and Conditions of Service.	
PI	Relationship to Patient	
4	O Spouse	
	O Parent	
	Child	
	Diet Name	
2	riin vane *	
C	Signature of Patient Representative	
1	Signature of Witness (Required if patient unable to sign)	
	Winess	
C	Signature of Interpreter Other	
	Interpreter ID #	
	Language Used	
	Financial Responsibility Agreement by Person Other than the Patient or the	
	Patient's Legal Representative I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement (Paragraph 7) and Assignment of Benefits	

9. You will see confirmation that you have signed the document. Click Submit.





The patient is ready to join the video visit. When it is time for the appointment, click Join video visit.



