

How to schedule your SECOND COVID-19 VACCINE at The Christ Hospital

We offer two convenient options for scheduling your second COVID-19 vaccine:

- 1 Schedule with our staff **in person** during your first vaccine appointment.
- 2 Schedule through **MyChart** – tips shown below!

How to schedule your second vaccine through MyChart

(Note that if you don't have a MyChart account, you'll receive an email after your first vaccine with instructions for how to sign up. When you receive the email, click the blue "Sign up for MyChart" button and follow the instructions from there.)

STEP 1

You'll see a **"Schedule Now"** button on your MyChart home screen (whether you're on your desktop or in the MyChart app). Click or tap the button.



STEP 2

Answer a few questions.

2a A couple of questions

*Are you an employee of The Christ Hospital?

Yes No

2b A couple of questions

*Indicates a required field.

*1. In the past two weeks, have you tested positive for COVID-19 or are you currently being monitored for COVID-19?

Yes No

*2. Are you currently under quarantine because you have had contact with someone who has tested positive for COVID-19?

Yes No

*3. Are you currently experiencing fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, new loss of taste or smell, sore throat, nausea, vomiting or diarrhea?

Yes No

2c A couple of questions

*4. Have you had a severe allergic reaction to another vaccine or do you carry an EPIPEN for severe allergic reactions?

Yes No

Be sure to select **"NO"** so you aren't scheduled in our employee vaccine clinic, where patients and the community aren't eligible to receive vaccines.

Continued on back ►

STEP 3

Pick a date and time that works for you:

Schedule an Appointment Start over

Reason for visit: COVID 19 Vaccine #2

Locations: The Christ Hospital Immunization Clinic

Time

Verify and schedule

What time works for you?

Start search on: 03/02/2021

Times

All available times

Filter times

Tuesday March 2, 2021				
8:00 AM	8:10 AM	8:20 AM	8:30 AM	8:40 AM
8:50 AM	9:00 AM	9:10 AM	9:20 AM	9:30 AM
9:40 AM	9:50 AM	10:00 AM	10:10 AM	10:20 AM
10:30 AM	10:40 AM	10:50 AM	11:00 AM	11:10 AM
11:20 AM	12:10 PM	12:20 PM	12:30 PM	12:40 PM
12:50 PM	1:00 PM	1:10 PM	1:20 PM	1:30 PM
1:40 PM	1:50 PM	2:00 PM	2:10 PM	2:20 PM
2:30 PM	2:40 PM	2:50 PM	3:00 PM	3:10 PM
3:20 PM	3:30 PM	3:40 PM	3:50 PM	

STEP 4

When asked “What is the most important thing you want addressed during this visit?,” **type Vaccine**, and then be sure to **select the blue “Schedule”** button.

If you do not select the Schedule button, your appointment will not be scheduled.

Schedule an Appointment Start over

Reason for visit: COVID 19 Vaccine #2

Locations: The Christ Hospital Immunization Clinic

Time: Tuesday March 2, 2021 12:10 PM

Verify and schedule

You're almost done...
Click the Schedule button if everything looks correct.

COVID 19 Vaccine #2

Tuesday March 2, 2021
12:10 PM (10 minutes)

The Christ Hospital Immunization Clinic
The Christ Hospital Joint & Spine Center
2139 Auburn Ave.
Employee Clinic: Classrooms A & B
Community Clinic: 1st Floor Lobby
Cincinnati OH 45219-2908

What is the most important thing you want addressed during this visit?

Directions for The Christ Hospital Immunization Clinic
The Christ Hospital Joint & Spine Center
2139 Auburn Ave.
Cincinnati, OH 45219

Employee Clinic: Classrooms A & B

Community Clinic: 1st Floor Lobby

Please park in our P1 Garage, which may be accessed by turning off of Auburn Avenue onto Huntington Place or Mason Street. Take the P1 Garage elevators or stairs to level 1 and follow the skywalk toward the hospital. Turn left at the end of the skywalk into the Joint & Spine Center and check in at the registration desk. After check-in, you'll be directed to the waiting area.

[View full directions](#)

[Schedule](#)

STEP 5

Review your confirmation page.

If you don't see a confirmation page, your appointment has not been scheduled.

You'll also be able to eCheck-In 3 days before your appointment. eCheck-In makes the registration process more efficient the day of your vaccine.

Epic | Christ Hospital | MyChart

Menu | Visits | Messages | Test Results | Medications

Appointment Details

Appointment Scheduled

You're all set! You can review details of your upcoming appointment below.

COVID-19 Vaccine - Immunization 2

Wednesday February 03, 2021
12:20 PM EST (10 minutes)

[Add to calendar](#)

The Christ Hospital Immunization Clinic
The Christ Hospital Joint & Spine Center
2139 Auburn Ave.
Employee Clinic: Classrooms A & B
Community Clinic: 1st Floor Lobby
Cincinnati OH 45219-2908

[Reschedule appointment](#)

[Cancel appointment](#)

Get ready for your visit!

[eCheck in](#)

Save time by completing eCheck-In ahead of time.

Directions for The Christ Hospital Immunization Clinic
The Christ Hospital Joint & Spine Center
2139 Auburn Ave.
Cincinnati, OH 45219

Employee Clinic: Classrooms A & B

Community Clinic: 1st Floor Lobby

Please park in our P1 Garage, which may be accessed by turning off of Auburn Avenue onto Huntington Place or Mason Street. Take the P1 Garage elevators or stairs to level 1 and follow the skywalk toward the hospital. Turn left at the end of the skywalk into the Joint & Spine Center and check in at the registration desk. After check-in, you'll be directed to the waiting area.

[View full directions](#)

STEP 6

Complete eCheck-In up to 3 days before your appointment.

You'll be prompted to answer a few questions about your insurance and electronically sign 1-3 consent forms. Here are some of the screens you'll see:

6a

eCheck-In

Insurance Sign Documents

Responsibility for Payment

Brady, Carol

* We have this person on file to pay for costs not covered by insurance. Is this information correct?

Yes No

* Would you like to use insurance to pay for this appointment?

Use insurance Do not bill insurance

Next Finish later

6b

eCheck-In

Insurance Sign Documents

Please review and address the following documents.

E Consent Form TCH Rev. 8/2020 Not Signed Yet Review and sign

E Notice of Privacy Practices (v.2/15) Not Signed Yet Review and sign

Once this step is completed, documents will be submitted for clinic review.

Back Finish later Submit

6c

E Consent Form TCH Rev. 8/2020

1. I understand that Medicare and Medicaid are payers of last resort and TCH may choose not to bill those payer sources if a third party is liable to pay for his/her treatment.

2. I understand that my commercial health plan may ask if I have other insurance to coordinate benefits (COB), and I agree to promptly reply to this question from my commercial health plan and TCH. I understand that a COB denial from my health plan will result in my responsibility for the total charges.

3. Nothing in this agreement shall preclude TCH from seeking reimbursement from other responsible third parties (e.g., health plans, auto and liability insurers, third party administrators, and government healthcare programs) for any amounts that may be due from them.

4. I agree to release TCH from any responsibility or liability arising from the loss or damage to personal items or valuables brought to the hospital.

7. ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to TCH and/or my physician(s) and/or their designees, all Medicare benefits, other insurance benefits, or other payments from any payer liable by reason of contract or negligent or wrongful conduct, otherwise payable to me.

8. KEEPING PATIENTS SAFE: TCH has zero-tolerance for violence and abusive language or behavior. We are committed to maintaining a safe environment that is free from threats and acts of intimidation and violence. As such, it is the expectation of TCH that you and your visitors will conduct yourselves in a respectful, non-violent and non-abusive manner. For the safety and security of our patients, visitors and staff, weapons, knives, alcohol, illegal drugs and other dangerous materials are not allowed in our facilities.

I confirm that I have read and agree to the preceding information and received a copy of this form. Any questions that I may have had have been answered fully and to my satisfaction. I am the patient, the patient's legal representative, or am otherwise authorized by the patient to sign the above and accept its terms on his/her behalf.

Click to Sign

Click to Sign

To submit this document, please enter your MyChart password.

Password:

Continue Clear form Cancel

6d

Password: *****

Continue Clear form Cancel

6e

eCheck-In

Insurance Sign Documents

Please review and address the following documents.

E Consent Form TCH Rev. 8/2020 Signed on 2/3/2021 Review

E Notice of Privacy Practices (v.2/15) Signed on 2/3/2021 Review

Once this step is completed, documents will be submitted for clinic review.

Back Finish later Submit

6f

eCheck-In Complete

Thanks for using eCheck-In!

The information you've submitted is now on file.

When you arrive, you may need to:

- Verify Medications
- Verify Allergies
- Verify Travel History
- Sign Documents
- Make Payments
- Complete Visit Questionnaires
- Scan Insurance Card
- Pay any co-pay, co-insurance, deductible or outstanding balances
- Bring photo ID
- Bring Advanced Directives if applicable
- Verify Emergency Contacts

Back to Visit Details

COVID-19 Vaccine - Immunization 1

Friday February 05, 2021 8:00 AM EST Add to calendar

The Christ Hospital Immunization Clinic
The Christ Hospital Joint & Spine Center
2139 Auburn Ave.
Employee Clinic-Classrooms A & B
Community Clinic-1st Floor Lobby
Cincinnati OH 45219-2906