

HealthCheck USER GUIDE



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- **10** ORDER SUPPLIES
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- 28 MANAGE PERSONAL INFO

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STEP 1:

SEARCH FOR 'ACH

HEALTHCHECK' at the Google Play for Android-based phones and tablets or Apple Store for iPhones and iPads.

> Getition Google Play



STEP 2:

FOR INITIAL LOGIN, please enter your DOB, ID, and PIN. All subsequent logins will utilize the username and password that you create. Your ID and PIN can be found on the Customer Responsibility Agreement that you received during training.



Should you experience a problem reporting your medical information, please contact your clinic directly.



For Medical Assistance:

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LOGIN

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STEP 3: UPON INITIAL LOGIN, select 'Agree' to the Terms of Use and choose notification preferences.

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	CONSEQUENTIAL, EXEMPL/ INCIDENTAL OR PUNITIVE D ADVISED OF THE POSSIBILI LIMITATION APPLIES TO ALL THE AGGREGATE, INCLUDIN OF CONTRACT, BREACH OF NEGLIGENCE, STRICT LIABI OTHER TORTS. THE LICENS IS PROVIDED IN RELIANCE AND THE EXCLUSION OF CO LIMITATIONS OF LIABILITY S ACHT SHALL NOT BE LIABLE ADIS OF COLLEGE OF DELAT	ARY, SPECIAL, DIRECT, IAMAGES, EVEN IF IT H/ TY OF SUCH DAMAGES CAUSES OF ACTION C NG WITHOUT LIMITATIO WARRANTY, INDEMNIT LITY, MISREPRESENTA E GRANTED HEREIN RE JPON, THIS ALLOCATIO DNSEQUENTIAL DAMAG SET FORTH IN THESE TE E FOR ANY LOSS OR DA	INDIRECT, AS BEEN . THIS OR CLAIMS IN N TO BREACH 'Y, TION, AND EFLECTS, AND OF RISK IES AND ERMS OF USE. MAGE

RELATING TO YOUR ACCESS TO AND USE OF THE SYSTEM HEREUNDER. ACHT'S SOLE AND AGGREGATE LIABILITY FOR ANY CLAIMS OF ANY NATURE HOWSOEVER ARISING OUT OF OR UNDER OR IN CONNECTION WITH YOUR USE OF THE PORTAL SERVICE AND/OR THE SYSTEM SHALL IN NO EVENT EXCEED THE AMOUNT OF THE SUBSCRIPTION AND LICENSE FEES PAID BY SUBSCRIBER TO ACHT HEREUNDER IN RELATION TO YOU.

E. Miscellaneous

Every provision of these Terms of Use shall be construed, to the extent possible, so as to be valid and enforceable. If any provision of these Terms of Use so construed is held by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable, such provision shall be deemed severed from Terms of Use, and all other provisions shall remain in full force and effect. These Terms of Use and performance bergunder shall be governed by the laws of the State of Connecticut

✓ I ACKNOWLEDGE

STEP 4: FOR ACCOUNT SETUP,

please enter the following information and click 'Submit.'

- → Email that you will use
- for future logins
- → Password for future logins
- → Security question

STEP 5: TO FINISH ACCOUNT SETUP,

make sure to confirm your email address by clicking on the validation link in the email you receive within 48 hours.

Account Set Up

You can no longer skip completing this step. To report your result(s) or obtain assistance regarding access recovery, please call: 1-866-563-4643.

Keep track of this information - you will use this for log in moving forward.

Email

joesmith@gmail.com

Password

Your password must at least have the following: Eight (8) characters minimum One uppercase character e.g. A-Z One lowercase character e.g. a-z One numeric character e.g. 0-9 One special/punctuation character e.g. $[0\#5\%^n \mbox{Amp}^* 0... \mbox{Alt} \mbox{At}^*::: \end{tabular} \label{eq:approx} \end{tabular}$

Security Question

What is your favorite food?

Pizza

STEP 1: TO SUBMIT YOUR INR RESULT, select 'Start a HealthCheck' from the homepage.

Home



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SUBMIT RESULTS

STEP 2: CONFIRM THE TEST DATE and press 'Start'.



STEP 3:

10

ENTER YOUR INR VALUE and select the green check to confirm.

	• • • • • • • • • • • • • • • • • • • •
Enter your INR	
Please enter your INR in the field below.	
INR	
	INR
	2.5
	7 8 9
	0
M CANCEL	

STEP 5: IF MORE THAN ONE STRIP IS USED, please indicate reason.

← Submit a HealthCheck					
Multiple Strip Use					
Please select a reason for using strip #1					
S	Blood Sample				
) ī	Other				
У Ч	Procedure Error				
	Procedure Error				
<u>б</u>	Procedure Error				
	Quality Control				
O B	Quality Control				
O	Quality Control				
Ē	Setup				

← ВАСК

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STEP 6: COMPLETE ADDITIONAL QUESTIONS and click 'Next'.

54 AM Mon Jun 26 ← Submit a HealthCh	a Unlocked		📲 LTE 86% 🗩
A few survey questions	s from your Remote I	NR Monitoring p	program
Please answer the following qu suppliers below.	uestionnaire from your healtl	hcare provider(s) and	
Has your INR Managing Physici name, Phone Number, and Fax from your NEW INR Managing please select the MY ACCOUN	ian changed? If you answer YE Number. We will need this inf Physician. For changes such a T button to complete these cl	ES, please provide the F formation to request a p is address, phone, or in- hanges online.	Physicians full prescription surance,
		Ye	s
			þ
			ot Applicable
Comment			
			0 of 512
← ВАСК		NEXT →	

STEP 7: REVIEW THE INFORMATION on the HealthCheck test and click submit.

←

	Your HealthCheck is complete!
	Your submitted test results are In Range . Please follow your doctor's testing instructions and we look forward to hearing from you by 7/10/2023 for your INR
← Submit a HealthCheck	testing.
Please review your HealthCheck Please take a moment to review the data that you ar provider(s). If any data is incorrect, use the back but When you are sure your information is correct, press	e about to send to your healthcare tons to go back and edit your information. s Submit below.
Test Date Test Results	6/26/2023
INR	2.5
Strips Used	2 strips
Remote INR Monitoring Questions Has your INR Managing Physician changed? If you ar name, Phone Number, and Fax Number. We will need	iswer YES, please provide the Physicians full I this information to request a prescription

8:54 AM Mon Jun 26

Has nam from your NEW INR Managing Physician. For changes such as address, phone, or insurance, please select the MY ACCOUNT button to complete these changes online.

Comment

No

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STEP 1: CLICK ON 'ORDER SUPPLIES'

from the HealthCheck home page. Note, a message will appear if you are not eligible to place an order.



ORDER SUPPLIES

STEP 2: SELECT "ADD TO CART" FOR THE ITEMS you would like to order, including strips and lancets.

← INR Supplies	LTE 93%
What type(s) of supplies do you need?	
Reminder: Only order supplies when you have 5 strips supplies from expiring.	s or less remaining. This will prevent your
What supplies do you need?	
Strips	
CoaguChek® XS PT Test Coaguchek XS Test Strips (12 strips), 04625374160	
	\pm Add to Cart
Lancets	
TestWell Choice (Cranberry) TestWell Choice (16 count box), 08326-2118-16	
	+ Add to Cart
TestWell Classic (Grey) TestWell Classic (16 count box), 08326-2320-16	
	+ Add to Cart
Roche Accu-Chek Softclix (White) Roche Accu-Chek Softclix Lancets, bx/25, 06979009001	
	E Add to Cart
K CANCEL	

STEP 3: CLICK 'REVIEW ORDER' to go to your cart.

Note, if you have previously ordered Cap tubes or a logbook, these items will be available to reorder within the 'Order Status & History' section of the home page.

If you previously added items to your cart, they will remain in your cart until you complete the order or remove the items.

What type(s) of supplies do you need?

Reminder: Only order supplies when you have 5 strips or less remaining. This will prevent your supplies from expiring.

What sup

What supplies do you need?	
Strips	
In Cart 🕢	
CoaguChek® XS PT Test	
Coaguchek XS Test Strips (12 strips), 04625374160	
E.	Remove from Cart
Lancets	
In Cart 🕢	
TestWell Choice (Cranberry)	
TestWell Choice (16 count box), 08326-2118-16	
	Remove from Cart
TestWell Classic (Grey)	
TestWell Classic (16 count box), 08326-2320-16	
	+ Add to Cart

Roche Accu-Chek Softclix (White)

Roche Accu-Chek Softclix Lancets, bx/25, 06979009001

Y CA	N	CF	

STEP 4:

YOUR CURRENT SHIPPING ADDRESS will default to the address on file. You can edit this address by clicking 'Ship to another address'.

If the updated address is a permanent update, you can select 'This is a Permanent Address change, please update my account.'

🖬 || LTE 93% Order Supplies 4 **Review Supply Order** In Cart 🕢 CoaguChek® XS PT Test Coaguchek XS Test Strips (12 strips), 04625374160 Remove from Cart In Cart 🕢 TestWell Choice (Cranberry) TestWell Choice (16 count box), 08326-2118-16 Remove from Cart + Add More Items Ship to 1234 Testing Ave Livermore, CA 94550 1234 Testing Ave Livermore, CA 94550 201 ABRAHAM FLEXNER WAY LOUISVILLE , KY 40202-3841 + Ship to another address COMPLETE ORDER

STEP 5: CLICK 'VERIFY ADDRESS' to validate your address.

If applicable, it is recommended to 'Use suggested address' to avoid delays.

 ✓ Update My Address Where would you like us to ship your supplies? ✓ Ship to another address New Shipping Address Ship my supplies to this new address. Street Line 1 6465 National dr Street Line 2 ✓ Address Validate ✓ Would you like to use this address instead? G465 NATIONAL DR LiVERMORE, CA 94550-8808 Livermore Use suggested address State Ignore suggestion and continue (CA ✓ This is a Permanent Address change, please update my account 			🖬 LTE 92% 🖩
Where would you like us to ship your supplies? Ship to another address Dever Shipping Address Ship my supplies to this new address. Street Line 1 6465 National dr Street Line 2 Address Validate Would you like to use this 6465 National dr Street Line 2 Address Validate Would you like to use this 6465 National dr Street Line 2 Use suggested address State Ignore suggestion and continue CA Zip 94550 This is a Permanent Address change, please update my account	← Update My A	Address	
Ship to another address Acw Shipping Address Stip my supplies to this new address. Street Line 1 G465 National dr Street Line 2 G465 NATIONAL DR LIVERMORE, CA 94550-8808 Livermore Use suggested address State Ignore suggestion and continue CA Zip 94550 This is a Permanent Address change, please update my account	Where would you	u like us to ship your supplies?	
New Shipping Address Ship my supplies to this new address. Street Line 1 6465 National dr Street Line 2 Address Validate Would you like to use this address instead? 6465 NATIONAL DR Livermore Use suggested address State Ignore suggestion and continue CA Zip 94550 This is a Permanent Address change, please update my account	Ship to another ad	ddress	
Ship my supplies to this new address. Street Line 1 6465 National dr Street Line 2 Address Validate Would you like to use this address instead? 6465 NATIONAL DR LIVERMORE, CA 94550-8808 Livermore Use suggested address State Ignore suggestion and continue CA Zip 94550 This is a Permanent Address change, please update my account	New Shipping Ac	ddress	
Street Line 1 6465 National dr Street Line 2 City Livermore Use suggested address State Ignore suggestion and continue CA Zip 94550 This is a Permanent Address change, please update my account	Ship mu supplies to this	now address	
6465 National dr Street Line 2 Would you like to use this address instead? 6465 NATIONAL DR Livermore Use suggested address State Ignore suggestion and continue CA Zip 94550 This is a Permanent Address change, please update my account	Ship my supplies to this Street Line 1	new address.	
Street Line 2 Address Validate Would you like to use this address instead? 6465 NATIONAL DR City LIVERMORE, CA 94550-8808 Livermore Use suggested address State Ignore suggestion and continue CA 2 2ip 94550 This is a Permanent Address change, please update my account	6465 National dr		
Would you like to use this address instead? 6465 NATIONAL DR LIVERMORE, CA 94550-8808 Livermore Use suggested address State Ignore suggestion and continue CA Zip 94550 This is a Permanent Address change, please update my account	Street Line 2	Address Validate	
G465 NATIONAL DR City Livermore Use suggested address State Ignore suggestion and continue CA Zip 94550 This is a Permanent Address change, please update my account		Would you like to use this address instead?	
Livermore Use suggested address State Ignore suggestion and continue CA Zip 94550 This is a Permanent Address change, please update my account	City	6465 NATIONAL DR LIVERMORE, CA 94550-8808	
State Ignore suggestion and continue CA	Livermore	Use suggested address	
CA Zip 94550 This is a Permanent Address change, please update my account	State	Ignore suggestion and continue	
94550 This is a Permanent Address change, please update my account	1000000		\sim
94550 O This is a Permanent Address change, please update my account	CA		
This is a Permanent Address change, please update my account	CA Zip		
This is a Permanent Address change, please update my account	CA Zip 94550		
	CA Zip 94550		
	CA Zip 94550	This is a Permanent Address change, please update m	ny account.
	CA Zip		
	CA Zip 94550	This is a Permanent Address change, please update m	ny account.

STEP 6: REVIEW YOUR SUPPLY ORDER and click 'Complete Order' once you've confirmed everything is correct.





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STEP 1:

TO VIEW THE STATUS of an existing order, click 'Order Status & History' from the HealthCheck homepage.



ORDER TRACKING

STEP 2:

Orders.'

ALL PENDING ORDERS will be displayed under 'Active Order' and 'Past Orders' will display all orders from the last 6 months. Orders with a tracking number

will be displayed under 'Past

2:54 PM Wed May 31 ← Order H	istory
Active Orders Pa	st Orders
Only INR history is currently available	
Order No.: 018839	76
Order Date: 2023	-05-31
Status:	Pending
Tracking Number:	Tracking information is not yet available for this order. Please call 877-262-4669 for assistance.
Order Items	
Order No.: 018835	04
Order Date: 2023	-04-12
Status:	Pending
Tracking Number:	Tracking information is not yet available for this order. Please call 877-262-4669 for assistance.

STEP 3:

YOU HAVE THE OPTION

to simply reorder a past order by selecting 'Order Again' next to the applicable order.



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STEP 1: SELECT PAY MY BILLS from the HealthCheck homescreen.



PAY A BILL

STEP 2: ENTER THE APPLICABLE BILLING INFORMATION

FIELDS. You can choose between two methods of payment, Card or eCheck. Card is the default selection.





STEP 3: **CONFIRM THAT YOUR** billing information is correct before processing.



Information

Confirm your Payment $^{\times}$

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STEP 4:

submission.

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UPDATE INSURANCE





STEP 1:

homepage.

CLICK ON 'MY PROFILE' from the HealthCheck

> STEP 2: CLICK 'VIEW/UPDATE MY INSURANCE'

STEP 3: ENTER YOUR NEW INSURANCE

information. Click 'Where can I get all this info?' if you need help locating the information.



STEP 5:

entered.

CLICK SAVE once all your

updated information has been



STEP 4: OPTIONAL. You can also upload an image of the front and back of your new card.





MANAGE PFRSONA



	Vied May 31
÷	💎 HealthCheck
Man	age Personal Information
Persona	al Contact Information
I want t	o view and update my personal contact information.
	PERSONAL CONTACT INFORMATION
My Add	resses
I want t	o view and update my addresses.
	MANAGE MY ADDRESSES
My Insu	Irance
I want t	o view and update my existing insurance information.
	VIEW/UPDATE MY INSURANCE
Alterna	te and Emergency Contacts
I want t	o view and update my authorized alternate & emergency contacts.
	MANAGE CAREGIVERS/CONTACTS

STEP 1:

homepage.

from the HealthCheck

STEP 2: SELECT THE PERSONAL

INFORMATION

you would like to update. Options include personal contact information, manage my addresses, view/update insurance, and manage caregivers/contacts.

STEP 3: ENTER THE NECESSARY INFORMATION

MANAGE MY ADDRESSES

← 📀 HealthCheck ← ast Name Personal Contact Information Moon, Feb P: (222) 333-4444 Address: Default Shippi Moon 1234 Testing Ave Livermore, CA 94550 Default Billing Authorized - No Restrictions Father Legal Name First Name JANUARY MOONI Feb Preferred Name Address: Email 1234 Testing Ave Livermore, CA 94550 Preferred Language Primary Phone Number Select preferred language Address: (222) 333-4444 Primary Phone* 201 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202-3841 iecondary Phone Number (777) 888-9000 Mobile Phone Relationship (709) 907-7700 Father Other Phone Authorization/Restrictions (709) 997-0077 Select all that apply Email Address Emergency Contact test.test1001@abbott.com Authorized Contact RESTRICTIONS (if any) Change my password Access Recovery Security Question Reset Security Question ication and Notifications V I want to receive notifications by email. I want to receive notifications by SMS. s.•rg •∕

MANAGE CAREGIVERS/CONTACTS

MANAGE CAREGIVERS/CONTACTS PERSONAL CONTACT INFORMATION



6465 National Drive | Livermore, CA 94550

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