# 2023 FLU VACCINATION SCHEDULING

**PLEASE NOTE:** The flu fair will be held on the 1<sup>st</sup> floor of the CALS building – 2021 Perdido Street – Room 1024. The appointment will show 478 South Johnson Street in EPIC but that is not the location of the fair.

# Step 1 – Click the link <u>https://www.lsuhn.com/flu/</u>

## Step 2 – Select appointment date/time

LSU He Healthcare Ne	alth etwork	ut Us Y For Physician: Find a l	s & Staff   Patient Portal	Careers   Pay My Bill /ICES ~ Patient IN	SCHEDULI	<mark>NG AN APP</mark> ontact <b>Us</b>	OINTMENT
Thursday Octobe	r 19, 2023				Search Criteri	а	
8:00 AM 8:50 AM	8:10 AM 9:00 AM	8:20 AM 9:10 AM	8:30 AM 9:20 AM	8:40 AM 9:30 AM	*Start search on 09/30/2023		Clear
9:40 AM	9:50 AM	10:00 AM	10:10 AM	10:20 AM	Times: Monday	АМ	PM
11:20 AM	11:30 AM	11:40 AM	11:50 AM	12:00 PM	Tuesday Wednesday	АМ	PM
12:10 PM	12:20 PM 1:10 PM	12:30 PM	12:40 PM	12:50 PM	Thursday	AM	PM PM
1:50 PM 2:40 PM	2:00 PM 2:50 PM	2:10 PM 3:00 PM	2:20 PM 3:10 PM	2:30 PM 3:20 PM	Friday	АМ	РМ
3:30 PM	3:40 PM	3:50 PM					

#### Step 3 – Enter reason for visit "FLU SHOT"

#### You're almost done...

This time slot is reserved for you until 9:14 AM. Please complete scheduling by then.



# Step 4 – Continue as a Guest OR schedule via your LCMC/LSUHN Patient Portal

*What is the most importan visit?	nt thing you want addressed during this
Flu Shot	
If everything looks correct, s scheduling.	select an option below to continue

# A. Option 1 - SCHEDULE AS A GUEST

a. Enter ALL requested information accurately including your health insurance. Do not bypass these screens.

LCMC Health 🦻			MyChart ** <mark>Epic</mark>	<b>છ</b> -
Schedule as Guest				
	i			
	Patient details	Insurance		
We need to collect some information about the pa	atient in order to schedule this appo	ointment. If you h	ave any questions, please contact your clinic.	
* Indicates a required field				
Name				
* First name	Middle name		* Last name	
First name is required.			Last name is required.	
Address				
Country United States of America				~
*				
Street Address				
This is required				
<b>%</b> City	* State		✓ * 7IP	
This is required	This is required		This is required	
County	•			$\sim$
Other Information				
*Legal sex				
Female Male Unknown Other				
a				
* Date of birth				
Last four digits of SSN				
*				
Home phone	Work phone		Mobile phone	
*	*			
Email address	Verity email address			
*Race				
American Indian or Alaska Native				
Black or African American				
Chinese				
multiple options.				
* Ethnicity				
cannety				
Next				

\*\*\*SELECT INSURANCE PROVIDER FROM THE DROP DOWN – Enter ALL information.

\*\*If you are not the subscriber of the policy, you must enter the correct subscriber information (parent, spouse, etc.)

LCMC	Health		
Schedule	as Guest		+ •
		ŧ	•
		Patient details	Insurance
Insurance	Information		
<sup>select</sup> your insurance Lsufirst	e provider	~	
Member Num	nber		
Group Numb	er		
Yes <u>No</u> Subscriber	Information		
Subscriber Fi	rst Name		
Subscriber D	ate of Birth		
Subscriber N	umber		
*Who will be	e paying for costs not cover	ed by insurance?	
Patient	Someone else		

b. After all information has been entered click - "Submit"



\*\*\*\*\*REMINDER – Location of fair is 2021 Perdido Street (CALS building); EPIC will show the wrong address

### B. Option 2 – SCHEDULE APPOINTMENT WITH LCMC/LSUHN PATIENT PORTAL

a. After logging in to your patient portal, your appointment will automatically be confirmed.



# b. YOU MUST VERIFY THAT YOUR HEALTH INSURANCE IS ENTERED IN YOUR PORTAL. Failure to enter updated insurance will cause delays in obtaining your vaccination.

c. Click "Menu" on the top left-hand corner of the screen and scroll down to the "Insurance" tab.

	LCMC Health			My ⊳v	(Cha E <b>pic</b>	t e	) -	G I	∟og out
	Menu 🗔 Visits 🖂 Messages 👗 Test Results 🔕 Medications								
	Appointment Details				Octo	ober 2	023		>
	Appointment Scheduled You're all set! You can review detai	ils of your upcoming appointment below.	S 1	M 2	Т 3	W 4	Т 5	<b>F</b> 6	<b>S</b> 7
		Prepare for Your Visit	8	9	10	11	12	13	14
		All questionnaires for this appointment will be available for you to answer on Monday October 09, 2023.	15	16 23	17 24	18 25	<b>1</b> 9 26	20 27	21 28
	NURSE VISIT with Lsuhn C		29	30	31				
	Thursday October 19, 2023 Arrive by 9:45 AM CDT Starts at 10:00 AM CDT (10 minutes)								

d. Click "Insurance Summary" under Insurance

		Menu	¢
	Q	Search the menu	
	<b>E</b> (	Document Center	•
	🗾 E	End-of-Life Planning	
	F	Request A Copy Of My Medical Records	
	Bill	ing	
	<b>E</b> E	Billing Summary	
_	Inst	urance	
	<b>1</b>	nsurance Summary	
	ĝ (	Coverage Details	
		Claims	

# e. Update all health insurance information.

\*If insurance is good to go you will see a box marked "Covered" highlighted in light blue \*If the box is marked "Expired" please "UPDATE COVERAGE" next to pencil symbol or click "ADD A COVERAGE"

\*\*If you are not the subscriber of the policy, you must enter the correct subscriber information (parent, spouse, etc.)

