MyChart



Tip Sheet

SETTING UP A MYCHART ACCOUNT

DESCRIPTION/BACKGROUND

Go to <u>http://my.mainlinehealth.org/MyChart/</u> to set up your MyChart account one of two ways:

- Use the Activation Code you received on a recent visit.
 - The activation code is shown on your After Visit Summary. If you no longer have your activation code, please contact the MLH MyChart patient portal Help Desk at 484-580-1080 to have an activation code generated.
 - For your security, your activation code expires after 30 days and is no longer valid after the first time you use it.
- Create an account without an activation code.

STEPS TO SET-UP YOUR ACCOUNT

- 1. Use the link above to access the sign-up page for MyChart.
- 2. Click the button to **SIGN UP NOW** as a New User.



- Enter your activation code, date of birth and zip code. Submit the form and set up your MyChart username and password. If you do not have an activation code, continue to step 4 instead.
- 4. Click to **SIGN UP ONLINE** with no activation code.



5. Fill out and submit the form to verify your identity. Main Line Health uses a credit agency to verify your identity. No credit check is done as part of this process.





Tip Sheet

	MyCha	art	
Verify Your Identity			
In order to activate your My Main I below and answer the six verificat your identity, you'll be able to set	ine Health Chart account, we need to ion questions on the next few screen up your account. You'll need 5-10 min	> verify your identity. Please fill in the inform s so we can make sure that it's you. Once we nutes to complete this part of the process.	nation 've verified
Already have an activation code? Credit frozen with credit agencies	Go here. ? Go here.		
Activating your MyChart account w office directly.	ill not impact your credit rating. If you	have any questions, please contact your pro	vider's
Name			
* First name	Middle name	* Last name	
Address * Address information is required. *country United States of America			▼ ◆
*Street Address * City	* State	✓ ŽIP	
*Street Address *City County	* State	▼ ŽIP	
*Street Address *City County Other Information	*State	zip *	

• If you already have a Main Line Health account on file, you will be prompted to return to the Login page to retrieve your username and/or reset your password.



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 If we are unable to verify your account, you will receive the message below. Click the blue link to file a request for an account with our Health Information Management (HIM) department. A sample of this form is shown at the bottom of this tip sheet.

your identity with the informat	tion provided. Please submit a request for a My Main Line Health Chart account by completin
	BACK TO LOGIN PAGE
y	y your identity with the informa

• If we are able to match your information, you are prompted to answer 6 questions to further verify your identity. A sample of a question is below.



Once your identity is verified you can create your username and password.





Tip Sheet

EXAMPLE OF FORM SUBMITTED TO OUR HIM DEPARTMENT

https://www.mainlineh	ealth.org/ - Request an Account MyChart Patie	nt Services Main Line H - Inte	met Explorer		
Main Line Llockh?	PATIENT SERVICES MAKE AN APPOINTME				
r Main Line Health"	FIND A DOCTOR	HOSPITALS & LOCATIONS	SPECIALTIES CONDITIONS	& TREATMENTS	
Re		CCOUNT			
Thank you for choosing Main Line Health and signing up for a MyChart account. An access code will be provided for you the next time you see a Main Line HealthCare provider or during your next visit to a Main Line Health facility.	Main Line Health'	Cus Free Prt	IN LINE HEALTH MYCHAR former Support quently Asked Questions	۲	
However, if you'd like to set up an account before your next appointment, just complete our short form a	and a member of our team will create yo	ir account.	www.entetion.ond.Instructions		
password. PLEASE NOTE: Requests for new accounts will be p If you have questions or need assistance at any ti 484.580.1080. Your Name *First Name	rocessed within approximately 2–3 busi me, please call our 24/7/365 portal he	ness days. Ip desk at			
*Address 1 Address 2					
°City					
*State					
Pennsylvania *Zip Code					
Additional information *Date of birth (MM/DD/YYYY)					