



# How to Schedule your Appointment

**Schedule My Appointment**

Company ID:

Password:

Login

Calendar: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28. Time: 8:00 AM

## Step 1:

Go to [www.occuvax.com](http://www.occuvax.com). In the box labeled 'Schedule My Appointment', enter the Company ID of 'Kansas' with a password of 'Kansas'.

**Do you have an existing personal OccuVAX Account?**

No, I am a new user.

Yes, I have an account: (please enter below)

**DO NOT USE Your Company ID/Password**

**Please enter your email address:**

Email / User ID:

**Please enter your password:**

Password:

[Forgot your password?](#)

[View / Edit Your Appointments](#)

## Step 2:

If you have previously scheduled an appointment with OccuVAX, use your existing User ID and Password. Otherwise, select 'No, I am a new user.' If you have forgotten your password, select 'Forgot your password?', and you will receive an email to change your password.

### Create Login

Create a login so that you can schedule your vaccination appointment.

First Name:

Last Name:

Email:

Your User ID and Password must contain a minimum of 8 characters.

Email / User ID:

Password:

Confirm Password:

[Create Login](#)

## Step 3:

Create your personal login by providing the requested information, and then click 'Create Login'. Your password must be a minimum of five characters).

\*\*\*Save this information in case you want to cancel your appointment later.\*\*\*

**Do you have an existing personal OccuVAX Account?**

No, I am a new user.

Yes, I have an account: (please enter below)

**DO NOT USE Your Company ID/Password**

**Please enter your email address:**

Email / User ID:

**Please enter your password:**

Password:

[Forgot your password?](#)

[View / Edit Your Appointments](#)

## Step 4:

Once you have an OccuVAX Account, enter your information on this screen and click 'View/Edit Your Appointments'.

## Access your Appointment

Welcome back **Tina Coleman**,

Below is a list of the appointments you have scheduled.

	Name	Date	Time	Health Services	Amount Due	Consent Form
<input type="button" value="EDIT"/>						

## Step 5:

Once you are signed in, click the 'Schedule New Appointment' button.

## Step 6:

Select the location for the clinic where you will receive your Flu vaccination.

**Step 1: select a clinic**

	Date/Time	Location	Health Service	Status
<input type="button" value="Select"/>			Flu	8 / 20
<input type="button" value="Select"/>			Flu	0 / 20

## Step 7:

Schedule the appointment:

- 1) Click 'No' on the option to bill to insurance
- 2) Check the 'Flu' box in the bottom left corner (IF pregnant/breastfeeding or IF you have a mercury allergy, then click the appropriate box to indicate that as well)
- 3) Select an available time slot
- 4) Type your name and click on 'Schedule Appointment'

**Step 1: select a clinic**

Date/Time	Location	Health Service	Status
<input type="button" value="Select"/>		Flu	9 / 20

If you are not covered by your company insurance, you are responsible for payment.

Bill my insurance for this vaccination:  
 Yes  No

**Step 2: select your health service(s)**

I am pregnant or breastfeeding.  
 I have a mercury allergy.  
\*Either of the above statements are true, [homocystein](#) vaccinations should be chosen when available.

Flu: \$1.00

**Step 3: select an appointment time**

9:00 AM  9:03 AM  9:06 AM  9:09 AM  9:12 AM  9:15 AM  
 9:18 AM  9:21 AM  9:24 AM  9:27 AM  9:30 AM  9:33 AM  
 9:36 AM  9:39 AM  9:42 AM  9:45 AM  9:48 AM  9:51 AM  
 9:54 AM  9:57 AM

**Why are some times grayed out/unclickable?**  
When a time slot is full it will become grayed out and cannot be selected. A full time slot will become available again if a cancellation occurs.

**Step 4: enter patient name**

\* Each person receiving a health service must be scheduled individually.

Relationship:

First Name:

Last Name:

## Step 8:

This screen confirms your appointment. You may print a copy for your records.

**Thank you!**  
Your health service has been scheduled.  
A confirmation email will be sent along with information on how to change and pay for your appointment online (if applicable). A reminder email will also be sent prior to the appointment. You may print this page for your records.

[Printer Friendly Version](#)

**Clinic Details**

**Health Service/s Scheduled**  
Flu

**Appointment Time**  
9:03 AM

**User Information**

First Name:

Last Name:

Payment: Total:   
Amount Paid:   
Amount Due: