

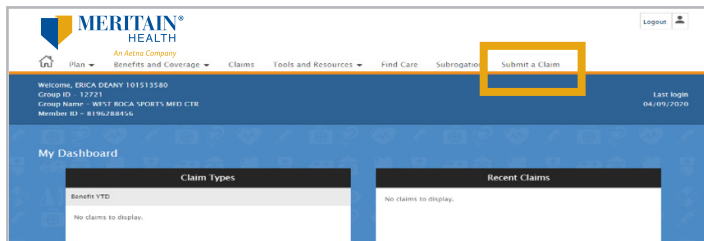


Submitting Your Claims Online or on the Mobile App

How to submit a claim online

1. After logging in to your Meritain Health[®] account via the app, click on the *Submit a Claim* link at the top of the page.

You can submit claims for any covered member.



2. Select *General Medicine* under the *Claim Type* drop-down. Select *Illness or Other Care* or *Injury*, depending on your claim. You will be guided to answer additional questions in order to complete the claim.

Submit a Claim

If this is for a work-related injury, please contact your Workers' Compensation Administrator for proper instructions regarding this claim. * Indicates required fields

Patient Information

The patient is *

Choose patient...

Claim type

General Medicine

Other Coverage

Patient has other insurance coverage *

Yes ☐ No ☐

About this Claim

3. Next, you'll be asked to enter information about your provider.
 - If you click *Yes* for a detailed invoice, there will be no additional questions and you'll be instructed to add the required documents. You can take a picture of your documentation and attach it.
 - If you click *No* for a detailed invoice, you'll then be guided through additional required questions, starting with hospitalization.
 - You can then electronically sign and submit the claim.

About this Claim

Cause *

Please check the box that best fits your situation

☒ Injury ☐ Illness or Other Care

Describe the injury, when and how it happened *

Was this injury the result of an accident? *

Yes ☐ No ☐

Date and Time of Accident *

Is auto insurance involved? *

Yes ☐ No ☐

Name of the Insurance Company * **Policy # ***

4. If there is no detailed invoice from the provider, you must complete the *Additional Information Page* to submit the claim.
 - Additional information includes diagnosis code, procedure code, service date, place of service and charges.
5. Lastly, you'll specify who will receive payment—you or the provider. If you select the provider, you'll need to provide the name and Tax Identification Number (TIN) of the provider to receive payment.
 - If selecting *Pay To Member*, proof of payment will need to be submitted as part of your documentation.

The screenshot shows a web form titled "Supporting Information". It contains three main sections: "Supporting Information", "Supporting Documents", and "Payment Instructions".

Supporting Information: A question asks, "Do you have a detailed invoice from the provider with the Procedure and Diagnosis codes, Provider Tax ID, etc.?" with radio buttons for "Yes" and "No".

Supporting Documents: A section titled "Attach a detailed copy of your provider's bill for accurate and timely reimbursement" includes a "NOTE" with three bullet points: "Do not submit a request for reimbursement for more than one patient at a time.", "Do not submit a request for multiple providers in one claim.", and "Each claim can include up to four attachments (pdfs or image files), with a maximum of 6 MB per attachment." Below the note is a "Browse" button and a "+ Add more documents" button.

Payment Instructions: A section titled "Select a payment option below." has two radio button options: "I authorize payment of benefits to the person who submitted the claim." and "I authorize payment of benefits to the doctor or supplier of services listed here."

EMPLOYEE'S (or adult dependent's) SIGNATURE REQUIRED: A section with a disclaimer: "The statements above are true and correct to the best of my knowledge. I authorize any provider of services to furnish any information requested to the Benefit Administrator. I also authorize the Benefit Administrator to release or obtain from any organization or person information that may be necessary to determine benefits payable under the Benefit Plan. A photostatic copy of this authorization shall be considered as effective and valid as the original. For any payment that exceeds the amounts payable under the Benefit Plan, I agree to reimburse the plan in a lump sum payment or by an automatic reduction in the amount of future benefits that would otherwise be payable." Below this are input fields for "Signature" and "Date" (pre-filled with "4/10/2020").

Questions? Just give us a call at the number on the back of your ID card.