

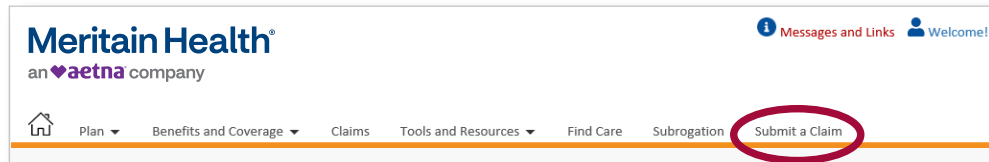


# Submitting Your Claims Online or on the Mobile App

## 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 field

Patient Information

The patient is \*

Choose patient...

Claim type

NOTE: This site is specifically for claims submitted by members for reimbursement. If you are submitting a claim for prescription medication, please contact the Pharmacy Plan provider listed on your ID Card.

General Medicine

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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 # \***

EMPLOYEE'S (or adult dependent's) SIGNATURE REQUIRED  
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 photo-static 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.

**Signature \***  **Date**

**Submit**

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.

**Supporting Information**

Do you have a detailed invoice from the provider with the Procedure and Diagnosis codes, Provider Tax ID, etc.? \*

Yes ☒ No ☐

**Supporting Documents**

Attach a detailed copy of your paid invoice or statement for accurate and timely reimbursement \*

**NOTE:**

- Do not submit a request for reimbursement for more than one patient at a time.
- Do not submit a request for multiple service providers or services in one claim.
- Each claim can include up to four attachments (.pdfs or image files), with a maximum of 6 MB per attachment.

**Browse**

**+ Add more documents**

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.

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



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At Meritain Health®, we're creating unrivaled connections.

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