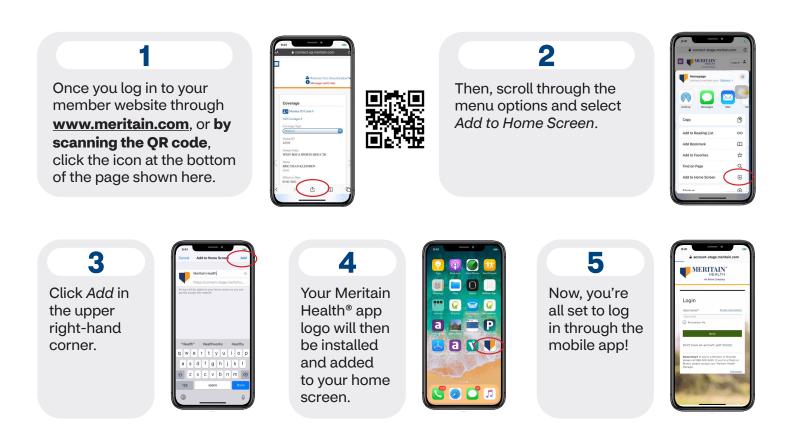


# How to Access Your Mobile App



### What you'll need to submit a claim

- Patient's information
- Provider's information including name, address where services were provided and Tax Identification Number (TIN)
- Detailed invoice including procedure (CPT) code or description of services and diagnosis code

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### How to submit a claim online

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

Claims can be submitted for any covered member.

Find Care >
Plan Docs >
Discounts >
Claims
Update Other Insurance Info 3 View All Claims 3
View All Claims
COTOIA FRANKLIN
Visited on 01/05/2021
For DEANY ERIC(Self)
Amount Billed
\$75.00
You May Owe
\$0.00
Status
In Process
View Claim Details >
1 out of 5

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	please contact your Workers' Compensation Administrator for proper instructions	* Indicates required fields
regarding this claim.		
Patient Information		
The patient is *		
Choose patient	,	
Claim type		
General Medicine	*	
Other Coverage		
Patient has other insurance co	erage *	
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 instruced 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.

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Case * Plase check hox that best fits your situation # singing" dimess or Other Care Describe the injury, when and how it happened * Usa this injury the result of an accident? * Yes % No @ Late and Time of Accident * Late insurance involved? * Yes % No @ Late of the insurance. Company * Policy # *	About this Claim		
Brayr © Bless of Other Cire  Decide the injury, when and how it happened *  Was this injury, when and how it happened *  Was this injury, or evaluation of a accident? *  Yes # to 0  Is and Itime of Accident *  Yes # to 0	Cause *		
Describe the logiery, where and how it happened * Was this injury the result of an accident? * Yes ⊕ so base and Times of Accident * the anto insurance involved? * Yes ⊕ So ⊕	Please check the box that best fits your situation		
Was this injury the result of an accident? *           Yes # No □           Date and Time of Accident *           Is auto insurance involved? *           Yes # No □	Injury Illness or Other Care		
Yes ♥ No 0 Date and Time of Accident * Is auto insurance involved? * Yes ♥ No 0	Describe the injury, when and how it happened *		
Date and Time of Accident *			
Is auto insurance involved? * Yes * No ©	Yes 🖲 No 🗍		
Yes ® No 🔍			
	Is auto insurance involved?		
Name of the Insurance Company * Policy # *	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.
- 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.

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 provider's bill for accurate and timely reimbursement * NOTE: to both a sequest for insidup endotes in the take one pattern at sites, - to bo one submark assess for inmulage providers in our class. • Each class can class us for a attachments (pdf) or image files), with a maximum <b>* Class Class</b>		
Payment Instructions: Select a payment option below. *		
$\ensuremath{\mathbb{G}}$ I authorize payment of benefits to the person who submitted the claim.		
I authorize payment of benefits to the doctor or supplier of services listed here.		
authorize the Benefit Administrator to release or obtain from any organization or person	provider of services to furnish any information requested to the Service Administrator : In References that may be necessary to determine services and the service data tested to the administrator of the service service and the service service of the service and the service service and services appable under the Service Files, 1 agrees to ne entitis that sound otherwise be payable.	. A ph
	4/10/2020	

### **Questions?**

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

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