



Online Claim Submission

Lifestyle Education Benefit

Submitting a claim is easy via your Meritain Health[®] member portal

Registering for the Meritain Health member portal, is as easy as 1-2-3!

Step 1:

First open your web browser and go to www.meritain.com. (For ease of access, we recommend you register from a desktop computer.)

Step 2:

You'll need to register your account. Start by clicking *Register* and then clicking on the *Member* tab. Your spouse and adult dependents will need to create their own accounts.

Step 3:

You'll need to fill in your:

- Group ID: **17498**.
- Member ID (you can find this on your ID card; must be entered with no spaces or dashes).
- Date of birth.
- Name (as it appears on your ID card).
- ZIP code.

You will be prompted to enter an email address, create a username and password, and select a security question. Review the terms and conditions, and click *I agree to terms and conditions* and *Next*, or click *Cancel*.

The next time you log in, just use the same username and password from Step 3.

After registering for your Meritain Health member portal, you can access the Lifestyle Education Reimbursement Form to download and print. The form will need to be completed by the covered person and, if applicable, the class instructor.



If you have any questions about how to register or use Meritain.com, we can help. Simply call our Customer Service department using the phone number on your member ID card.

Submitting your claims

Your Meritain Health member portal provides online claim submission for medical claims and has also been customized to allow submission of your Lifestyle Education Reimbursement claims. Follow these simple steps to submit your Lifestyle Education claim and your reimbursement will be on its way after being processed.

Step 1:

Log in to your Meritain Health member portal account and click *Submit a Claim*. Select the patient the claim is for and choose the claim type of *Lifestyle Education Reimbursement* from the drop-down menu.

Step 2:

Complete the online form with the applicable information. Attach supporting documents, such as the completed reimbursement form, proof of payment (itemized receipt or other documentation confirming payment), participation information (class or program overview, syllabus, outline, activity logs, agenda, etc.). Sign and submit!

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.

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

ERICA DEANEY 10/31/2020 00:15:19Z

Claim Type

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

Lifestyle Education Reimbursement

Required

- Itemized receipt for class/program must be submitted with this form.
- Class or program overview, syllabus, outline, activity logs, agenda or other documentation of participation must be submitted with this form.
- Submit the reimbursement form with "SECTION TO BE COMPLETED BY INSTRUCTOR", completed and signed by class program instructor (if program or class is face-to-face, two-way interaction) - Lifestyle Education Reimbursement.

Lifestyle Education Reimbursement Information

CLASS/PROGRAM INFORMATION:

Title of Class/Program * Class/Program Provider * Phone Number *

Address, City, State, ZIP * Where Class/Program Took Place (if different from other): Instructor Name/Credentials *

Exact Date(s) or Date Range of Class/Program * To date (or date range):

Please indicate what was addressed in this class or program:

Class Service Type *

Choose type of service...

REIMBURSEMENT REQUEST

Amount must reflect cost after subtracting any monetary rebate/incentive earned by medical plan member. (i.e., if the total cost was \$100 and the member received \$50 cash back for attending 100 percent of the classes, then the Total Reimbursement Requested would equal the remaining \$50.)

Total Cost of Class * Monetary Rebates/Incentives Received * Total Reimbursement Requested *

Supporting Documents

Attach a detailed copy of your provider's bill 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 providers in one claim.
- Each claim can include up to four attachments (pdfs or image files), with a maximum of 6 MB per attachment.

Add more documents Browse

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 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 provider's lump sum payment or by an automatic reduction in the amount of future benefits that would otherwise be payable.

Signature * Date

10/8/2020

Other Claim Submission options are available

For your convenience, you may submit your Lifestyle Education Reimbursement form via mail or fax.

○ You can mail your form and supporting documents to:

Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921

○ Or fax your form and supporting documents to **1.736.862.5057**.

You should keep a copy of the fax confirmation record if you plan to call to confirm receipt.