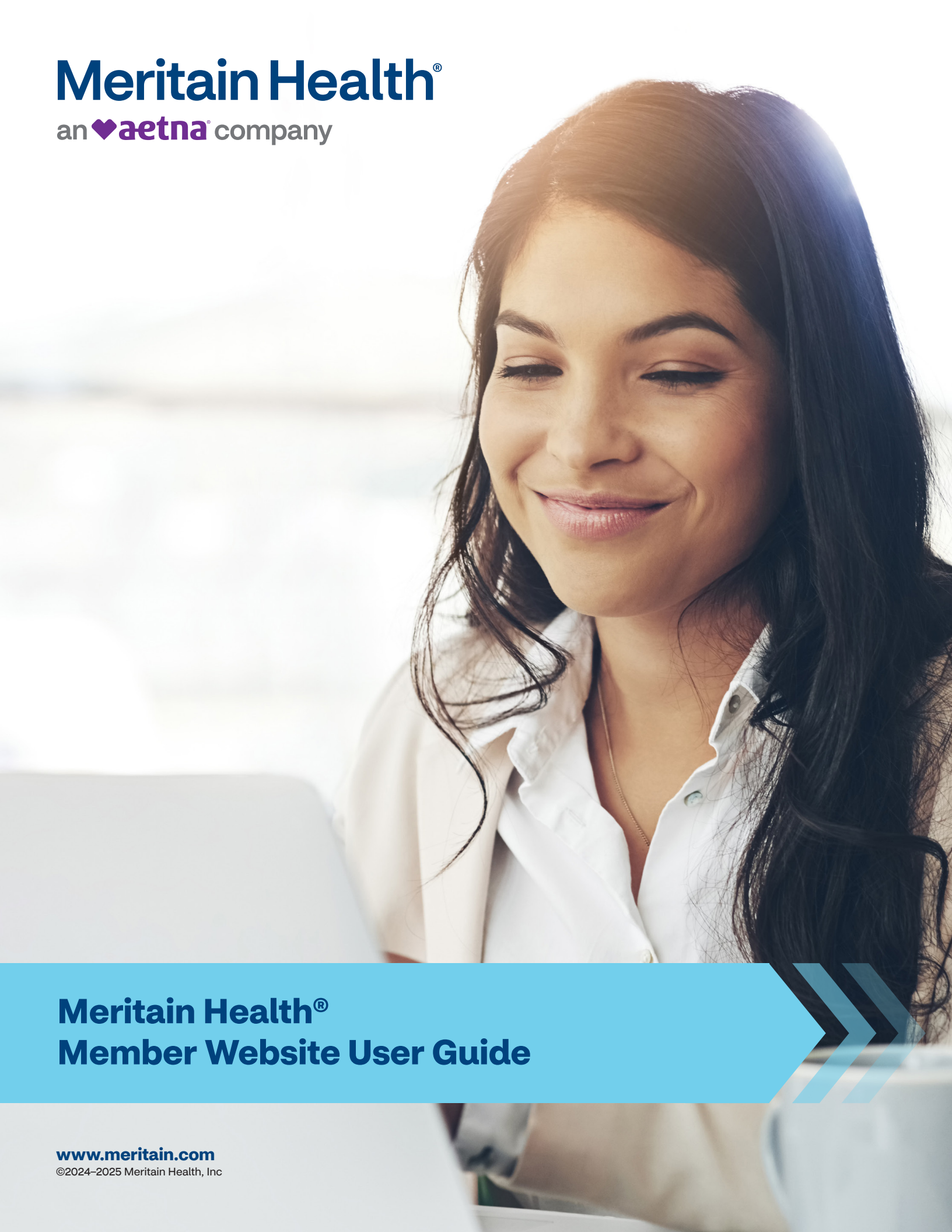


Meritain Health®

an  aetna® company



Meritain Health® Member Website User Guide

www.meritain.com

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Introduction

Meritain Health offers members a user-friendly web experience, including accessing account information and other functions in a secure environment. The following guide will help you navigate your Meritain Health website and all its features.

Please note: The information contained within does not contain actual member information but rather encrypted data. Some features represented in this document may not be available to all members. Features and services are based on the member's specific health plan.

Member Website Flow

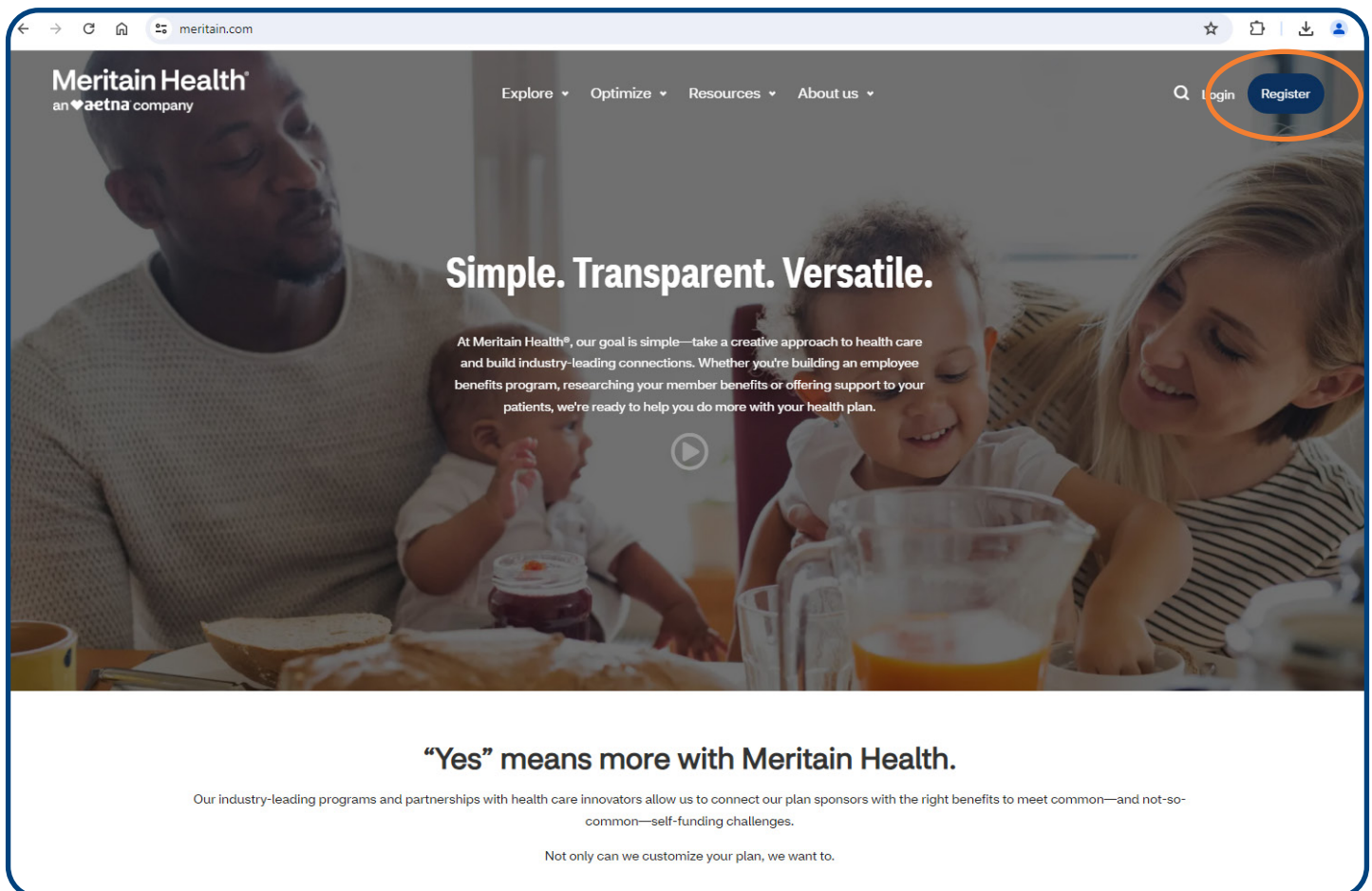
Plan	Benefits and Coverage	Claims	Tools and Resources	Find Care®	Submit a Claim	Account Settings
Summary of out-of-pocket expenses	ID card		Forms and other documents			Update account information
HRA	Letter of Coverage		Health tools			Update communication preferences
Prescription plan	Coordination of Benefits		Education			Update HIPAA authorization settings
Plan documents			Direct deposit forms			
Coverage overview			Discounts			

Registering and Logging In

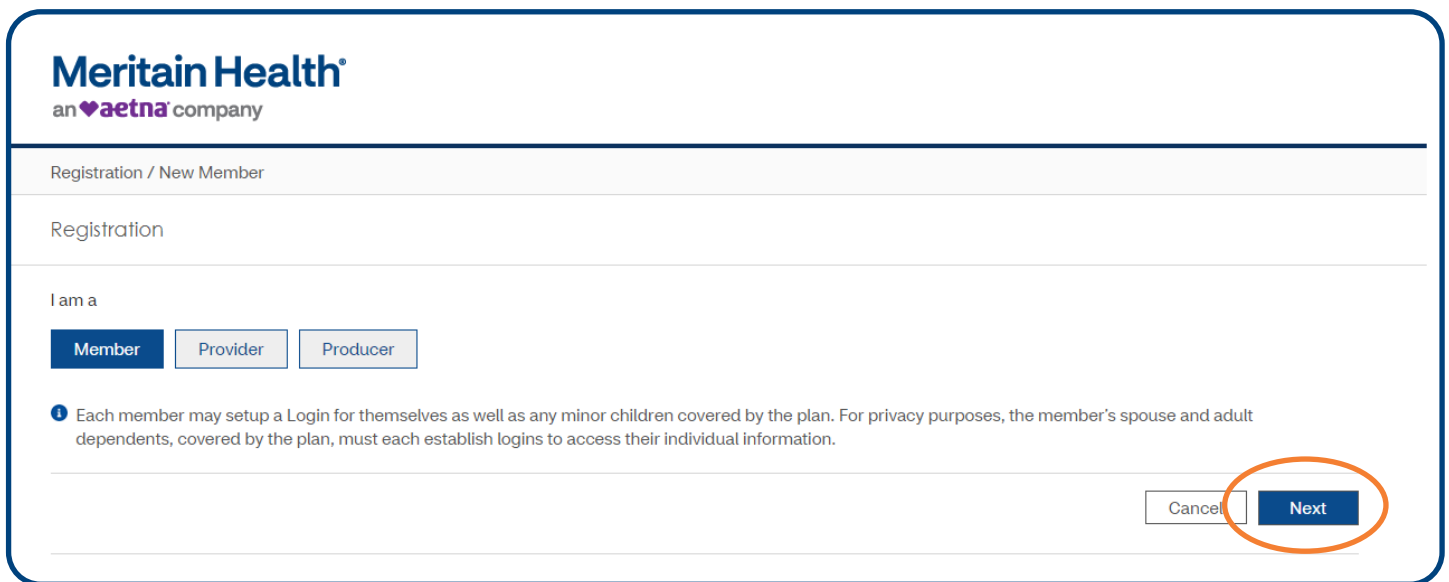
Registering

Your Meritain Health member website has everything you need to manage your health care benefits. If you've ever wondered how much you can do when you visit your website, now is your chance to learn more!

Go to the Meritain Health website at www.meritain.com and click *Register* in the upper right-hand corner of the Login page.

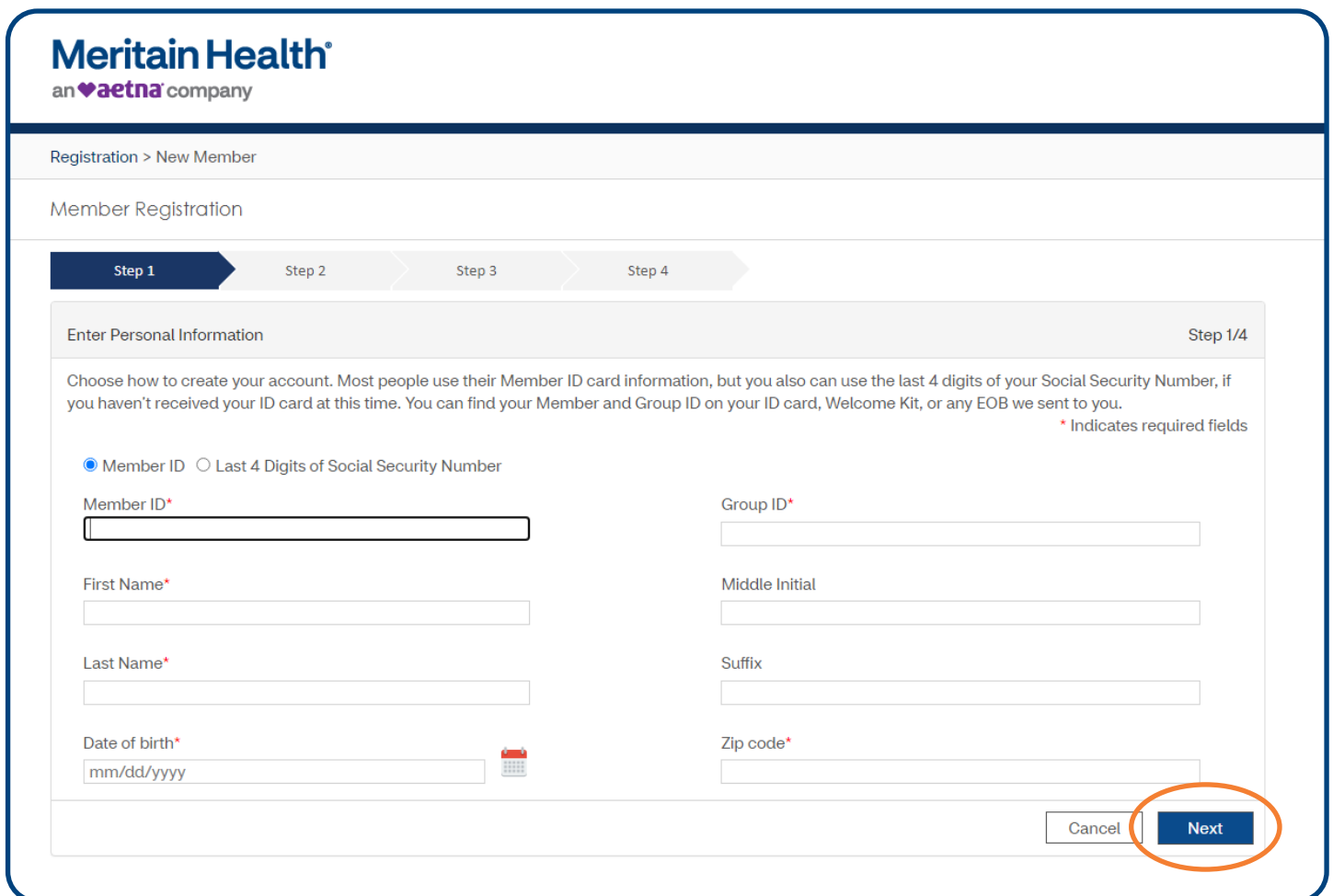


On the registration page, click the *Member* button and then click *Next*.



The screenshot shows the Meritain Health registration page. At the top is the Meritain Health logo with the tagline "an aetna company". Below the logo is a breadcrumb trail "Registration / New Member". The main heading is "Registration". Underneath, it says "I am a" followed by three buttons: "Member", "Provider", and "Producer". The "Member" button is highlighted. Below the buttons is a note with an information icon: "Each member may setup a Login for themselves as well as any minor children covered by the plan. For privacy purposes, the member's spouse and adult dependents, covered by the plan, must each establish logins to access their individual information." At the bottom right, there are two buttons: "Cancel" and "Next". The "Next" button is circled in orange.

You have two ways to register your account on the Meritain Health website. On the member registration page, you can choose to register with the Member ID and Group ID found on your ID card.



The screenshot shows the Meritain Health Member Registration page. At the top is the Meritain Health logo with the tagline "an aetna company". Below the logo is a breadcrumb trail "Registration > New Member". The main heading is "Member Registration". Below the heading is a progress bar with four steps: "Step 1", "Step 2", "Step 3", and "Step 4". "Step 1" is highlighted. Below the progress bar is a section titled "Enter Personal Information" with a sub-header "Step 1/4". The text says: "Choose how to create your account. Most people use their Member ID card information, but you also can use the last 4 digits of your Social Security Number, if you haven't received your ID card at this time. You can find your Member and Group ID on your ID card, Welcome Kit, or any EOB we sent to you." Below this text are two radio buttons: "Member ID" (selected) and "Last 4 Digits of Social Security Number". To the right of the radio buttons is a note: "* Indicates required fields". Below the radio buttons are several input fields: "Member ID*", "Group ID*", "First Name*", "Middle Initial", "Last Name*", "Suffix", "Date of birth*" (with a calendar icon), and "Zip code*". At the bottom right, there are two buttons: "Cancel" and "Next". The "Next" button is circled in orange.

Or you can simplify the registration process by using the last four digits of your Social Security number. Then, simply complete all the required (*) fields on the screen.

The screenshot shows the 'Enter Personal Information' step of the registration process. It includes a progress bar with four steps, where Step 1 is active. The form contains fields for Member ID, Group ID, First Name, Middle Initial, Last Name, Suffix, Date of birth, and Zip code. A note explains that users can use their Member ID card information or the last four digits of their Social Security Number. A legend indicates that an asterisk (*) denotes required fields. The 'Next' button is highlighted in blue.

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Registration > New Member

Member Registration

Step 1 Step 2 Step 3 Step 4

Enter Personal Information Step 1/4

Choose how to create your account. Most people use their Member ID card information, but you also can use the last 4 digits of your Social Security Number, if you haven't received your ID card at this time. You can find your Member and Group ID on your ID card, Welcome Kit, or any EOB we sent to you.

* Indicates required fields

☒ Member ID ☐ Last 4 Digits of Social Security Number

Member ID*

Group ID*

First Name*

Middle Initial

Last Name*

Suffix

Date of birth*

Zip code*

Cancel Next

Next, review the information you provided, complete the attestation and click *Next*.

The screenshot shows the 'Review and Confirm Information' step of the registration process. It includes a progress bar with four steps, where Step 2 is active. The form displays the information entered in Step 1: First Name (Janey), Last Name (Doey), Middle Initial, Member ID (367885544), Group ID (0396427260), Suffix, Zip Code (32725), and DOB (06/18/1973). A disclaimer states that the information is confidential and cannot be viewed or modified by anyone other than the authorized user. A checkbox labeled 'Yes, I am*' is checked. The 'Next' button is highlighted in blue and circled in orange.

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Registration > New Member

Member Registration

Step 1 Step 2 Step 3 Step 4

Review and Confirm Information Step 2/4

Please take a moment to look at the information you entered. Click next if correct

First Name: Janey

Last Name: Doey

Middle Initial:

Member ID: 367885544

Group ID: 0396427260

Suffix:

Zip Code: 32725

DOB: 06/18/1973

By confirming that you are the above person, you are stating to be the authorized user of this account. You also understand that the information provided here is strictly confidential and cannot be viewed or modified by anyone other than the authorized user.

☒ Yes, I am*

Previous Cancel Next

You'll then need to create a username and password. You will need to add your mobile phone and your email address before registration is complete. You will also need to enter an email address to be used in the event you need to recover a password or change a security question. You'll have option to enter a separate email address for electronic communication, or you can simply use the same email you previously entered.

The screenshot shows the 'Member Registration' process at Step 3/4, titled 'Create Username and Password'. It features a progress bar at the top with steps 1, 2, 3 (active), and 4. The form includes fields for 'Username*', 'Password*', and 'Confirm Password*'. Below these is a section for 'Mobile Phone Number (optional)' with a note: 'Please provide the best phone number to reach you about your plan benefits and important updates about your health care.' At the bottom, there are fields for 'Website Account Email*' and 'Confirm website Account Email*'. A small disclaimer at the very bottom states: 'This email address will be used for account communications and for recovery purposes only. It is not for financial or medical advice.' A small information icon is visible next to the password field.

Then, select the option to receive electronic communications or continue to receive paper. Agree to the terms and conditions and click *Next*.

If you need to change your email on file, please go to the portal home page and click on the icon located next to the "Logout" button in the top right. From there, click on the "Edit" link located to the right of your email.
Claim information for dependents over the age of eighteen will continue to be sent via standard mail.
You can opt out of this service at any time by changing your Electronic Communications Preferences and clicking "Withdraw".

☒ Yes, I would like electronic communications ☐ No, I prefer to receive paper

Your registration is now complete. An email notification will be sent to the member website account email address.

The screenshot shows an email titled 'MERITAIN account registration confirmation (Intended for To: 8824066156_ee@m.com)'. The email is from 'MRTN-QA - Testing' (MQ logo) to 'MRTN-QA - Testing'. It includes standard email actions like 'Reply', 'Reply All', 'Forward', and a calendar icon. The body of the email contains the following text: '*** This is an automated email. Please do not reply. ***', 'This e-mail is being sent to confirm that your Meritain Connect account registration is complete. Logging on to Meritain Connect will provide you with online access to your health plan benefit information, claims history, and additional wellness tools.', 'If you did not initiate this account registration, please contact Meritain Health Customer Service at 1.800.925.2272.', 'Yours in good health, the Meritain Connect team', and 'If this email was received in error please contact Meritain Health Customer Service at 1.800.925.2272'. The email is dated 'Fri 7/5/2024 8:10 AM'.

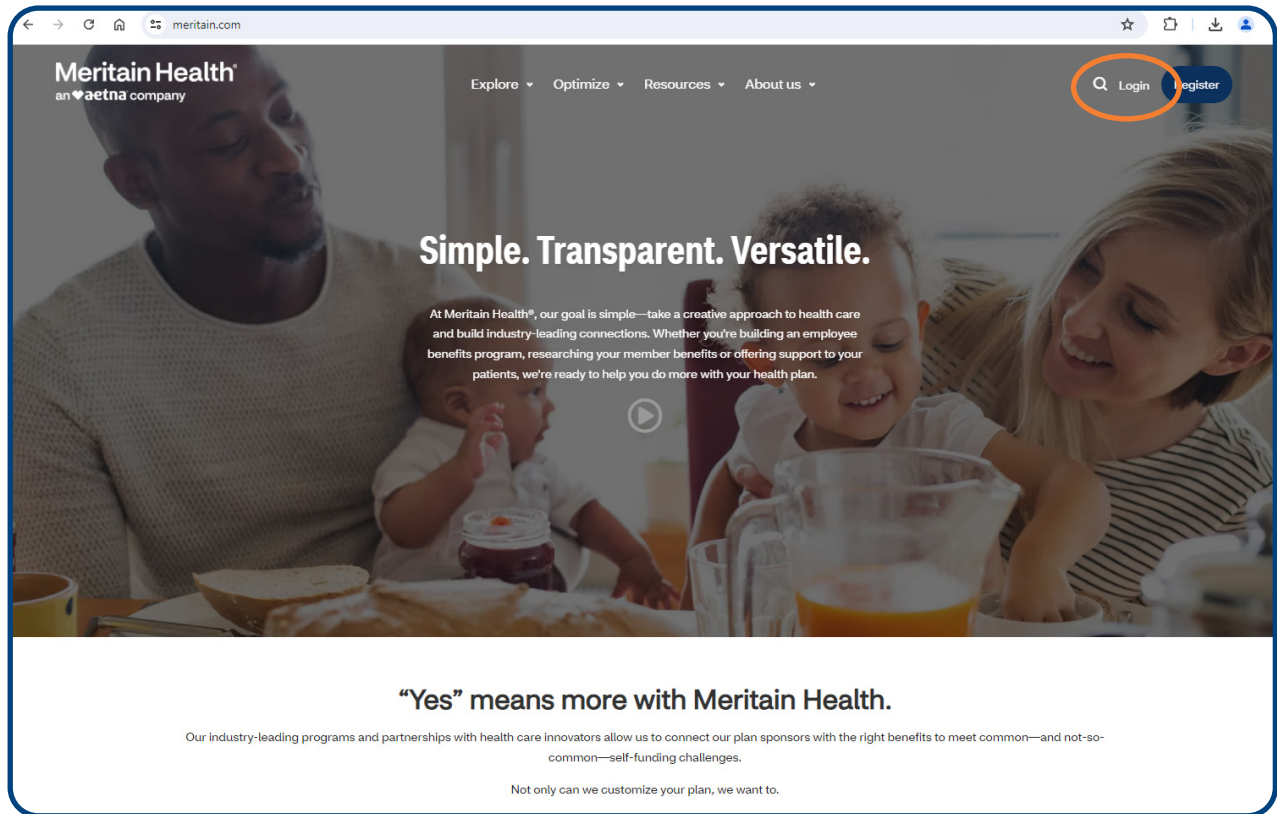
You're all set and ready to log in to your Meritain Health member website!

The screenshot shows the final step of the 'Member Registration' process, Step 4/4, titled 'Registration Complete'. It features a progress bar at the top with steps 1, 2, 3, and 4 (active). The message states: 'Your account has been successfully created, please [login here](#). For more information check your email.'

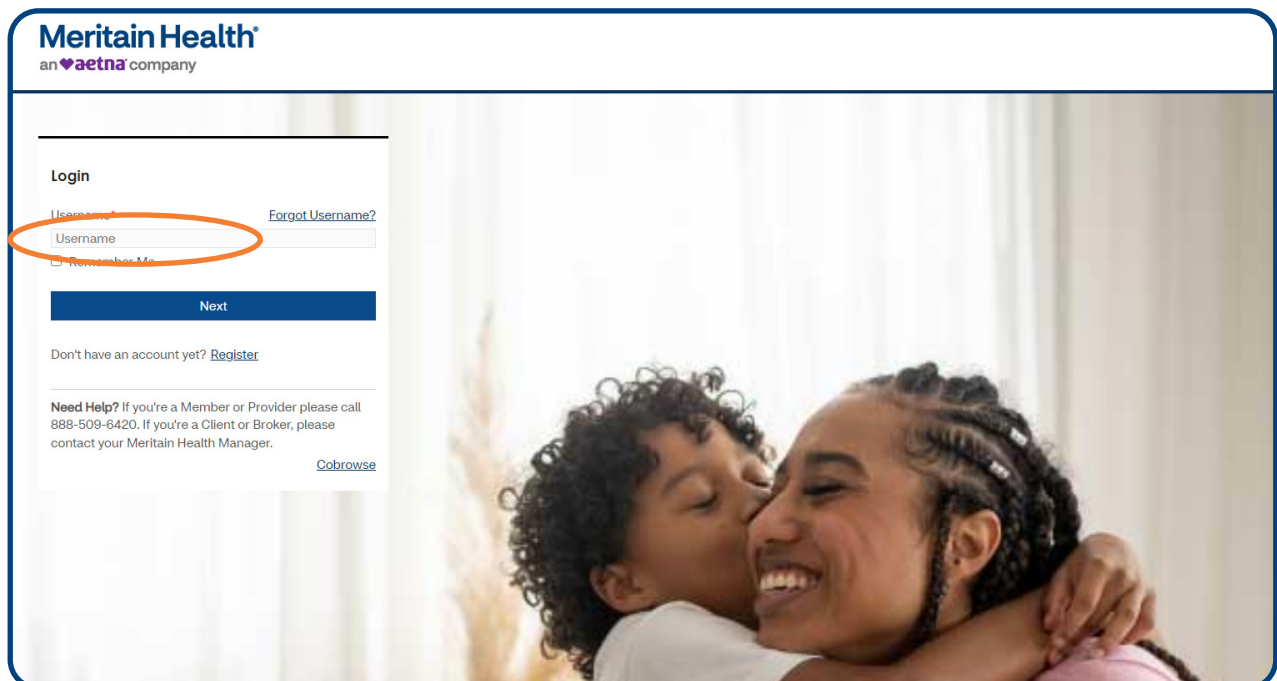
Logging In

To log in, you'll need to click the *Login* button in the upper right-hand corner of www.meritain.com.

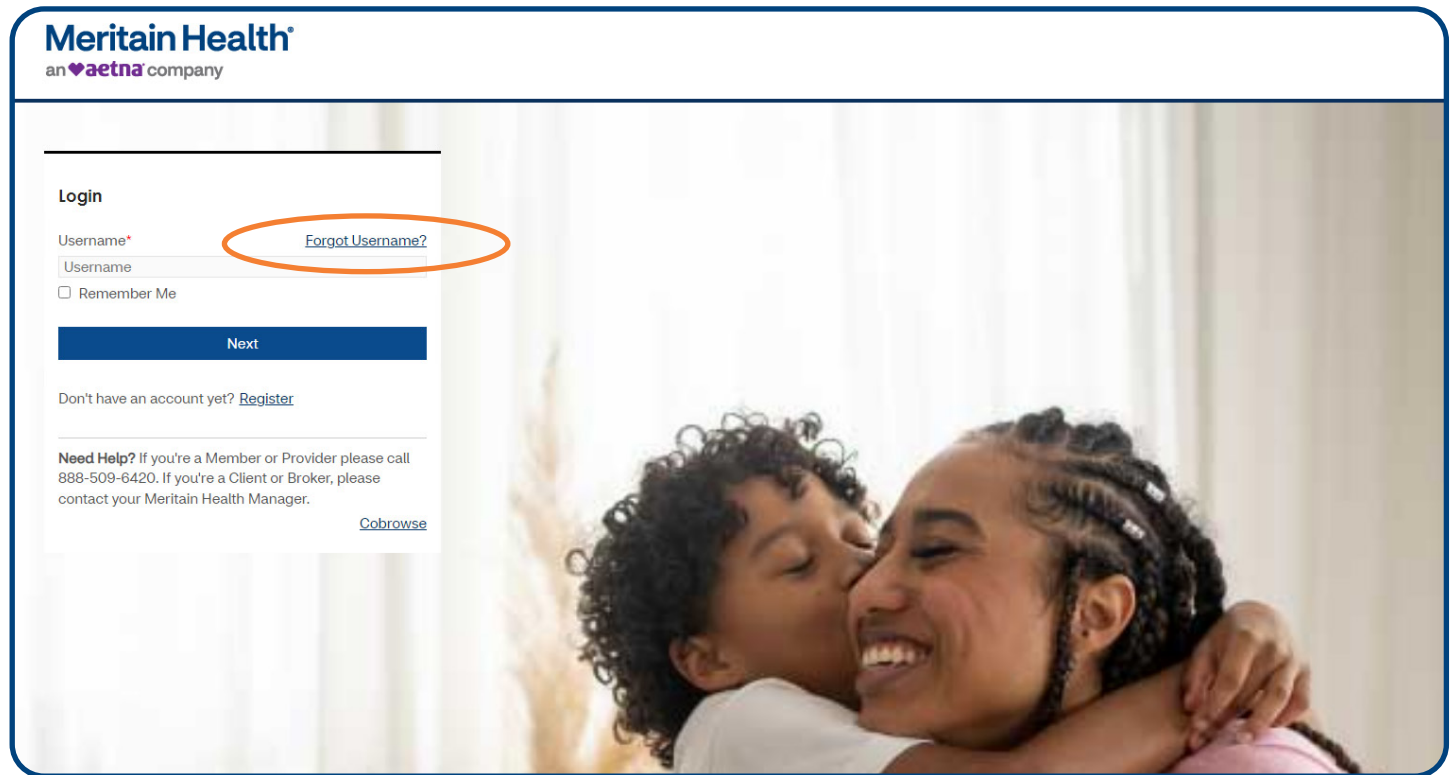
You can also find the **Login** page on account.meritain.com.



Then, enter your username, click the *Next* button, enter your password and click *Sign in*.



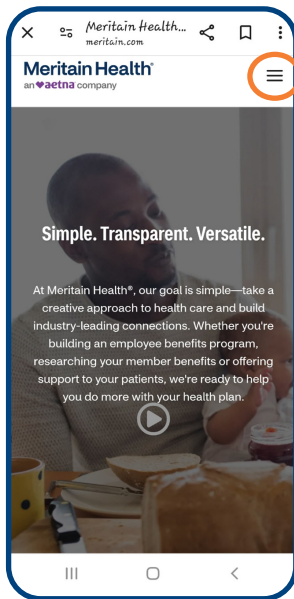
If you forget your username or password (or both!) that's okay. Simply click the *Forgot Username link* on the *Login* homepage and follow the prompts.



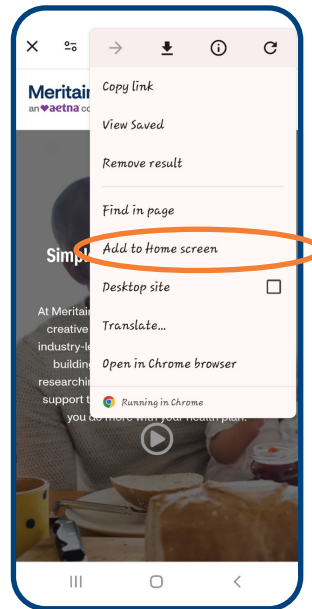
Adding the Meritain Health Application to Your Mobile Device

Do you have the Meritain Health app yet? You can reach our member website in just one click. With the app, you can access everything available on our website with real time updates on any device. You can easily access all services related to your benefits with a single sign on. The Meritain Health app makes it easy to track your benefits and get the care you need on the go. Why not get started today? It's quick and easy to download.

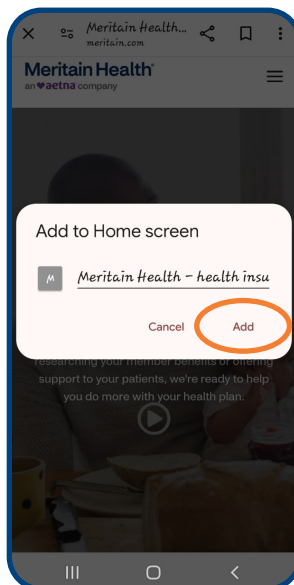
Android™



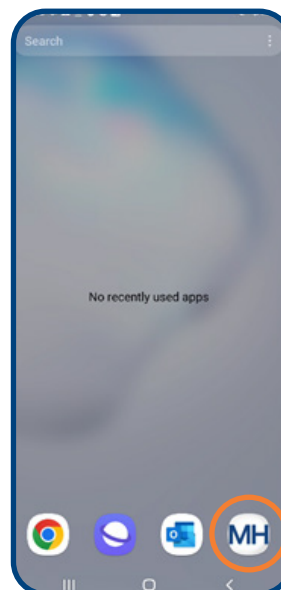
1. If you have an Android device, log in to your member website through **www.meritain.com**. Once on the homepage, click on the widget on the top right-hand corner.



2. Select *Add to Home Screen* at the bottom of the page.

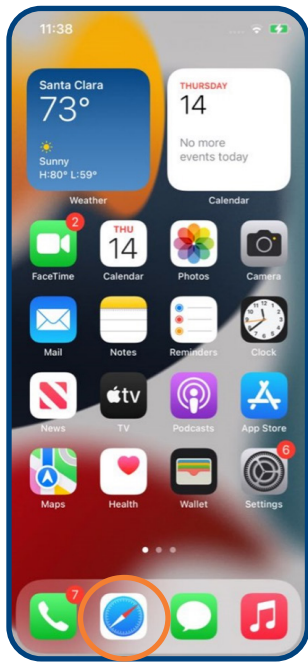


3. Click *Add* to homepage or *Cancel* to opt-out.

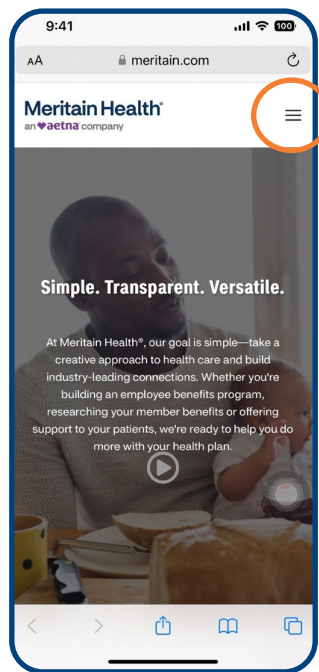


4. Your Meritain Health app logo will then be installed and added to your home screen.

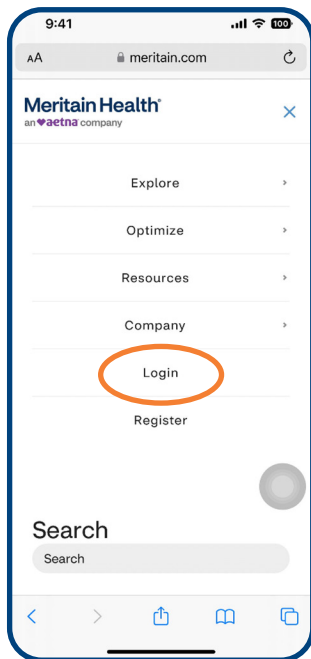
5. Now, launch the app from your home screen and log in.



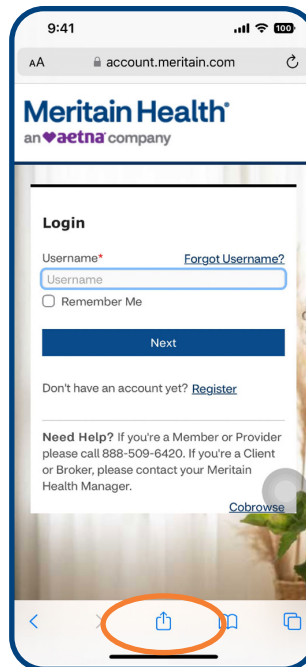
1. If you have an Apple device, first open your Safari web browser.



2. Go to the Meritain Health website at **www.meritain.com**. Click the drop-down menu in the top right-hand corner.

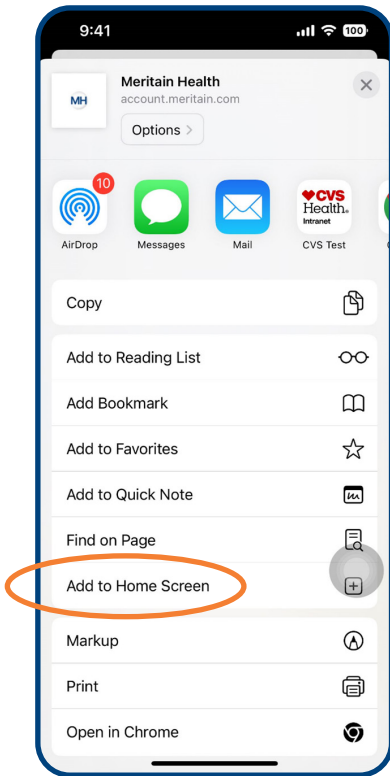


3. Choose *Login* from the menu selections.



4. Next, tap the share icon located at the bottom center of your screen.

5. Scroll through the options listed and select *Add to Home Screen*.



6. Then, just click *Add* in the top right-hand corner to add the Meritain Health mobile app.



Your Member Website Dashboard

You can find valuable information about your health care plan on your homepage. It's the first thing you'll see when you log in to your account. From your dashboard, you'll get a complete picture of your benefits plan information. You can also start from your dashboard and navigate to anywhere on your member website.

You'll see infographics that can help you:

- View coverage for you and your dependents.
- Print or request ID cards.
- Update your other insurance information.
- Track your out-of-pocket expenses and progress toward your deductible.
- Track your claims status and amounts you may owe.
- View visit-specific limits for certain services you and your dependents have used for the year so far.
- Download important forms and documents.
- Link to your member resources, provider search and discount information.

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Messages and Links Welcome! Janey Doey

Plan Benefits and Coverage Claims Tools and Resources Find Care Subrogation Submit a Claim

Coverage Member ID Cards > All Coverages >

Medical	Dental	Vision	Rx
Group ID	Group Name	Name	Effective Date
99980	Demo Group	JANEY DOEY (Self)	07/01/2023
99980	Demo Group	JOHNNY DOEY (Married Spouse)	07/01/2023
99980	Demo Group	ROBERT DOEY (Child By Birth)	07/01/2023
99980	Demo Group	MARY DOEY (Child By Birth)	07/01/2023

Member Resources View All >

Accolade Health Assistant®
Healthcare Blue Book
Teladoc
24x7 Nurse Line
98Point6

Out-of-Pocket Expenses View All >

Medical Dental

Family In-Network Deductible Limit - \$900.00

\$0.00 Spent \$900.00 Remaining
0.00 of Applied amount carried over from prior year

Family In-Network Out-of-Pocket Limit - \$4000.00

\$0.00 Spent \$4000.00 Remaining

Find Care > **Treatment Cost Estimate >** **Plan Docs >** **Discounts >**

Claims Update Other Insurance Info > View All Claims >

No claims to display.

From the top toolbar of your dashboard, you can also link to information about your plan, benefits coverage, covered dependents, claims and much more. Your dashboard is a one-stop-shop for all the valuable information you need to manage your health care benefits!

How to View Your Out-Of-Pocket Expenses

Your out-of-pocket expenses are the amounts you owe until you meet your deductible and your plan coverage begins.

Your Meritain Health member website gives you a quick view of your out-of-pocket expenses to help you plan for health care spending. Right from your dashboard, you can see how much you've spent so far for the plan year, and how close you are to meeting your deductible.

You can also find your out-of-pocket expenses from the homepage. Simply click on the *View All* text in the *Out-of-Pocket Expenses* tile. If you have a family plan, you can view out-of-pocket spending for each dependent on your plan, as well as out-of-pocket spending for your entire family. If you have a single plan, you'll see only your own out-of-pocket expenses.

Out-of-Pocket Expenses

[View All >](#)

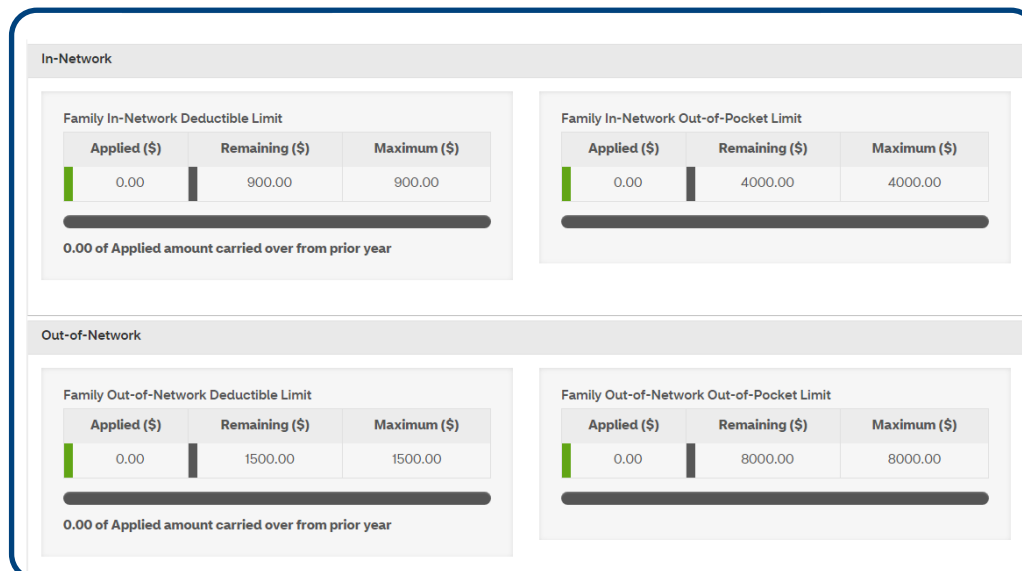
Medical Dental

Family In-Network Deductible Limit -
\$900.00

\$0.00 \$900.00
Spent Remaining
0.00 of Applied amount carried over from
prior year

Family In-Network Out-of-Pocket Limit -
\$4000.00

\$0.00 \$4000.00
Spent Remaining



The out-of-pocket infographics show you how much has been applied to your out-of-pocket expenses, how much of your deductible is remains and how much you've spent towards your out-of-pocket maximum. It's a quick, easy way to track your benefits spending.

Review of Plan Information

You can get information about your health care benefits from your member website homepage. You can see who is covered on your plan and their effective date of coverage.

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Messages and Links Welcome! Janey Doey

Plan Benefits and Coverage Claims Tools and Resources Find Care Subrogation **Submit a Claim**

Coverage Member ID Cards > All Coverages >

Medical	Dental	Vision	Rx	Other
Group ID 99980	Group Name Demo Group	Name JANEY DOEY (Self)	Effective Date 07/01/2023	
99980	Demo Group	JOHNNY DOEY (Married Spouse)	07/01/2023	

Member Resources View All >

Accolade Health Assistant®
Healthcare Blue Book
Teladoc
24x7 Nurse Line
98Point6

For any additional information about your benefits, just click on the *All Coverages* arrow in the Coverage tile.

Coverage Member ID Cards > All Coverages >

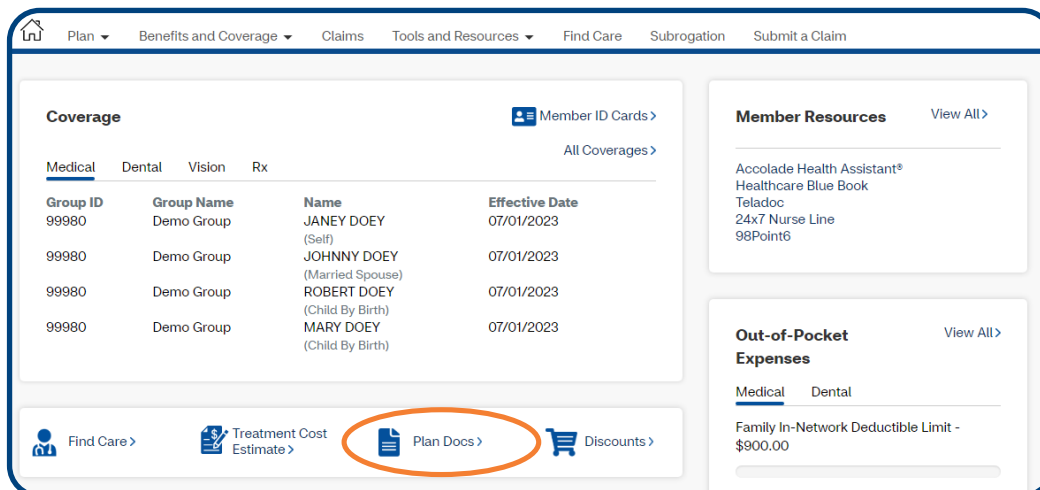
Medical	Dental	Vision	Rx
Group ID 99980	Group Name Demo Group	Name JANEY DOEY (Self)	Effective Date 07/01/2023
99980	Demo Group	JOHNNY DOEY (Married Spouse)	07/01/2023

You'll be able to find the following:

- Who's covered under your plan
- What coverage each of your dependents currently has, such as medical, dental or vision
- The effective dates of coverage
- Historical coverage information, to help you track your past coverage

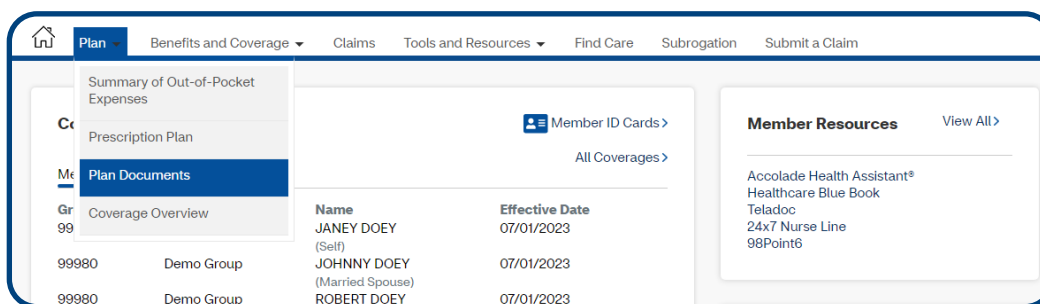
Review and Access Plan Documents

You can get information about your health care benefits from your member website homepage. You can see who is covered on your plan and their effective date of coverage.



Or, from the *Plan* drop-down, click on the *Plan Documents* link.

You'll arrive at your *Plan Documents* page. You can download documents associated with all aspects of your coverage, including medical, dental and vision. Just click on the document link in the *Plan Documents* column.



Your member website makes it fast and easy to look up health care coverage information when you have questions.

Group ID	Division ID	Member Name	Member Type	Plan Name	Document Status	Start Date	End Date	Product	Plan Documents
99980	99980.001	JANEY DOEY	Subscriber	No Info Available	Current	07/01/2023		Medical	10954-0704
99980	99980.001	JANEY DOEY	Subscriber	No Info Available	Current	07/01/2023		Dental	10954-0704
99980	99980.001	JANEY DOEY	Subscriber	No Info Available	Current	07/01/2023		Vision	10954-0704
99980	99980.001	JOHNNY DOEY	AdultDependent	No Info Available	Current	07/01/2023		Medical	10954-0704
99980	99980.001	JOHNNY DOEY	AdultDependent	No Info Available	Current	07/01/2023		Dental	10954-0704

How to View Your Claims

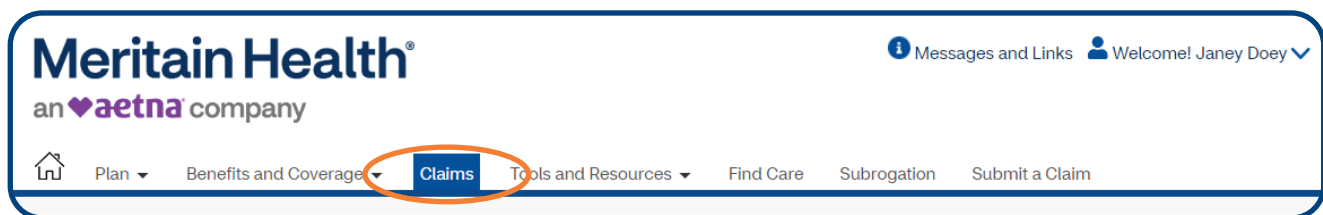
Keeping track of your health care claims is a smart way to track your health care spending. Plus, if you owe any member responsibility, you'll need to be aware.

You can view a list of claims for you and your dependents from your Meritain Health member website homepage. You can learn more about each claim by clicking the arrow next to the claim.

By clicking *View All Claims* in the *Claims* box, you can link to a full listing on your *Claims Summary* page.



You can also reach the *Claims Summary* page when you click on *Claims* on the top tool bar of your dashboard.



On your *Claims Summary* page, you can enter identifying information to search for specific claims. Simply enter the information in the appropriate boxes. You can search for claims based on claim type, claim status, provider name, claim number or dates of service. Then click the *Apply* button.

A screenshot of the Meritain Health Claims Summary page. The page title is 'Claims / Claims Summary'. Below the title is a search bar with the text 'Search'. The search filters are organized into columns: 'Claim Type' with checkboxes for Medical, Dental, Vision, and Rx; 'Paid by HRA' with radio buttons for Yes, No, and Show All; 'Claim Status' with checkboxes for In process, Processed, and Awaiting Information; 'Provider Name' and 'Claim Number' with text input fields; 'Date of Service' with a date picker; 'Billed Charges (\$)' and 'You May Owe (\$)' with text input fields; and 'From' and 'To' date pickers. At the bottom right, there are 'Clear All' and 'Apply' buttons. The 'Apply' button is circled in orange.

To review a particular claim, click on the claim number or *View* arrow.

Please wait until the claim is processed to know the actual dollar values.

Claim Status	Claim Type	Provider Name	Date of Service	Claim Number	Billed Charges	You May Owe	Details
In Process	Medical	INCOMPLETE/ILLEGIBLE CLAIM DEFAULT	07/05/2023	GL0M465	\$222.00		View ▶
In Process	Medical	REIMBURSEMENT FORM DEFAULT	09/14/2022	FH8W927	\$0.00		View ▶
In Process	Medical	INCOMPLETE/ILLEGIBLE CLAIM DEFAULT	02/02/2022	EQ3BB86	\$1.00		View ▶
In Process	Medical	INCOMPLETE/ILLEGIBLE CLAIM DEFAULT	07/10/2019	B45YR83	\$10.00		View ▶

A claims detail page will open with more information. It's that simple!

Back To Claims Summary

Claim Information

Group ID	99980	Address 1	1405 XENIUM LANE N STE 140
Subscriber	JANEY DOEY	Address 2	
Patient Name	JANEY DOEY	City	MINNEAPOLIS
Patient Account Number		State/Province	MN
Provider Name	INCOMPLETE/ILLEGIBLE CLAIM DEFAULT	Zip Code	55441

Payment Information

You May Owe

Billed Charges \$222.00

* Exact amount owed may be different, see EOB for details

Processed Date	
Paid Date	07/12/2023
Paid Amount	
Check Number	
Paid to	JANEY DOEY
Paid to Address1	2370 SCIENCE PARKWAY
Paid to Address2	
Paid to City	OKEMOS
Paid to State	MI
Paid to Zip Code	48864

How to View an Explanation of Benefits (EOB)

Sometimes, you may need more information about how your claim was processed—how your benefits were applied and how much you'll need to pay. You can get this through an Explanation of Benefits statement, or EOB.

To view an EOB, just click the *View EOB* link on each claims detail page.

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[Messages and Links](#) [Welcome! Eric Dean Kleinhen P](#) 

[Home](#) [Plan](#) [Benefits and Coverage](#) [Claims](#) [Tools and Resources](#) [Find Care](#) [Subrogation](#) [Submit a Claim](#) [Wellness](#)

[Claims](#) / [Claims Summary](#) / [Claims Detail](#)

Claim Details for Claim# GJ2JL90

[Back To Claims Summary](#) [View EOB](#)

Claim Information

Group ID	12721	Address 1	APT 251 H
Subscriber	ERIC DEAN KLEINHEN P	Address 2	
Patient Name	ERIC DEAN KLEINHEN P	City	LANCASTER
Patient Account Number	K1252025400	State/Province	OH
Provider Name	FRIEDEL	Zip Code	43130-9539

Payment Information

 **You May Owe**
0.00

Billed Charges \$25.00

* Exact amount owed may be different, see EOB for details

Processed Date	06/27/2023
Paid Date	06/27/2023
Paid Amount	\$21.25
Check Number	89935273
Paid to	FRIEDEL
Paid to Address1	APT 251 H
Paid to Address2	

Member Statement

Member statements are easy-to-understand. The layout is like a bank statement—something that is recognizable and can be reviewed quickly.

Your member statements will be mailed the second week of each month. At a glance, you will see all claims processed in the previous month. EOBs are always available online and will continue to be sent only in cases of coverage denials. These EOBs will contain instructions for filing appeals.

You can access your statements by clicking Benefits and Coverage on the top menu bar of the homepage. Then, select the *Member Statements* option in the drop-down.

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Messages and Links Welcome! Janey Doey

Plan Benefits and Coverage Claims Tools and Resources Find Care Subrogation Submit a Claim

Coverage

Medical

Group ID

99980

99980

99980

99980

Effective Date

07/01/2023

07/01/2023

07/01/2023

07/01/2023

Member ID Cards

All Coverages

Member Resources View All >

Accolade Health Assistant®
Healthcare Blue Book
Teladoc
24x7 Nurse Line
98Point6

Out-of-Pocket View All >

Your available member statements will be displayed in chronological order. Click on the *Monthly Statement* link and your download statement will be available.

Benefits and Coverage / Member Statements

Member Statements

Your available member statements will be displayed in chronological order. **Please note:** The list of available statements will ONLY display for the months a member statement was produced. If there was no activity in a given month, no statement will be produced. Statements are typically produced on the 20th of the following month for activity in the previous month and viewable statements below will be for the last 18 months.

Month	Year	Group ID	Monthly Statement
February	2024	99980	2024-Monthly Statement

Showing 1-1 of 1 results

Sample statement

Meritain Health[®]

an  aetna company

MERITAIN HEALTH

PO BOX 853921

RICHARDSON TX 75085

202400000001

J10B

JAN 23

Page 1 of 3

J10B [1] 1 of 2



Forwarding Service Requested

JANE A DOE
01 SUNNY DRAPT A
ANYWHERE NY 01234

J10B

1

Explanation of Benefits

RETAIN FOR TAX PURPOSES

THIS IS NOT A BILL

Customer Service Information

If you have any questions call our Customer Service Depart. at (888)627-8889
Benefit information and claim status available by fax 24 hours.

Group Name:ABC Company
Group#:ABCDE
Dept Code:0000
Employee or Adult Dependent:
JANE A DOE
Patient:JANE A DOE
Prepared On:10/02/2023
EOB #:0000000000

Claim#: 202400000001
Patient: JANE A DOE

Provider: DOCTOR MD
Patient#: DOE-12345- Insured Name: JANE A DOE

Treatment Dates	Description	Billed Amount	Not Covered	Reason Code	PPO Discount	Penalty Amount	Covered Amount	Deductible Amount	Co-pay Amount	Paid At	Payment Amount
01/03-01/10/2024		\$2,500.00	\$2,500.00	1 2	\$0.00	\$2,500.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$2,500.00	\$2,500.00		\$0.00	\$2,500.00	\$0.00	\$0.00	\$0.00		\$0.00
Co-pay Amount			\$0.00								\$0.00
Deductible Amount			\$0.00								\$0.00
Out Of Pocket Amount			\$0.00								\$0.00
Over Reasonable and Customary			\$0.00								\$0.00
Patient's Responsibility:			\$0.00								

Other Insurance Credits
Total Payment Amount \$0.00

Claim#: 202400000001
Patient: JANE A DOE

Provider: DOCTOR MD
Patient#: DOE-12345- Insured Name: JANE A DOE

Treatment Dates	Description	Billed Amount	Not Covered	Reason Code	PPO Discount	Penalty Amount	Covered Amount	Deductible Amount	Co-pay Amount	Paid At	Payment Amount
01/03-01/10/2024		\$2,500.00	\$0.00	3 2	\$1,244.06	\$0.00	\$1,255.94	\$0.00	\$0.00	100%	\$1,255.94
Column Totals		\$2,500.00	\$0.00		\$1,244.06	\$0.00	\$1,255.94	\$0.00	\$0.00		\$1,255.94
Co-pay Amount			\$0.00								\$0.00
Deductible Amount			\$0.00								\$0.00
Out Of Pocket Amount			\$0.00								\$0.00
Over Reasonable and Customary			\$0.00								\$0.00
Patient's Responsibility:			\$0.00								

Other Insurance Credits
Total Payment Amount \$1,255.94

Reason Code Description

1 Diagnosis code is not covered under the family planning benefit

How to View and Print ID cards

If you or a member of your family has lost your ID card, that's okay! You can view your existing ID card, order new or extra cards online and print temporary cards in the meantime. Here's what you need to know!

You can access your member ID cards right from your homepage. Just click the *Member ID Cards* link in the Coverage box.

Meritain Health[®]

an  aetna company

Messages and Links

Welcome! Janey Doey

Plan

Benefits and Coverage

Claims

Tools and Resources

Find Care

Subrogation

Submit a Claim

Coverage

Member ID Cards

All Coverages

Medical Dental Vision Rx

Group ID	Group Name	Name	Effective Date
99980	Demo Group	JANEY DOEY (Self)	07/01/2023
99980	Demo Group	JOHNNY DOEY (Married Spouse)	07/01/2023
99980	Demo Group	ROBERT DOEY (Child - 8yrs)	07/01/2023

Member Resources

View All

Accolade Health Assistant[®]
Healthcare Blue Book
Teladoc
24x7 Nurse Line
98Point6

Meritain Health Member User Guide

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You can also click on the *Benefits and Coverage* drop-down and select *ID Card*.

Plan ▾ **Benefits and Coverage ▾** Claims Tools and Resources ▾ Find Care Subrogation Submit a Claim

Coverage

- ID Card**
- Letter of Coverage
- Coordination of Benefits
- Member Statements
- Accolade Health Assistant®

Member ID Cards >

All Coverages >

Group ID	Member ID	Name	Effective Date
99980	99980	JOHNNY DOEY	07/01/2023
99980	99980	JOHNNY DOEY (Married Spouse)	07/01/2023
99980	99980	ROBERT DOEY	07/01/2023

Member Resources [View All >](#)

- Accolade Health Assistant®
- Healthcare Blue Book
- Teladoc
- 24x7 Nurse Line
- 98Point6

You'll be able to view your card and download a PDF. You can also request to have a copy of your card emailed to you or emailed/faxed to your provider! You can also order new ID cards for delivery to you by mail.

Front View

Member

Small Group Segment

Group #: 99980
Member: JANEY DOEY
Member ID: 367885544
Division: 001

Dental/Vision Plans

Dental Plan:
Coverage: Family

Vision Plan:
Coverage: Family

Medical Plan

Coverage: Family
Network
By **aetna**
Plan: Aetna Choice POS II

Pharmacy Plan

RX BIN: 004336
RX PCN: ADV
RX Group: RX2738

Member: 866.475.7589
Pharmacy: 800.364.6331

**20160519B03 Sh: 0 Bin 1
J7A3 Env [30] CSEts 2 of 2**

Back View

Claims Submission

Mail ALL Claims to:
Meritain Health
PO Box 653921
Richardson TX 75085-3921
EDI: WebMD/Emdeon 41124 or McKesson/Relay Health 1761

Eligibility

Call 800.925.2272 or visit www.MERITAIN.com for inquiries regarding eligibility, claims and plan benefits.

Precertification

For Precertification call: 800.242.1199. Failure to comply with your plan's precertification requirements may result in a reduction of benefits.

24-Hour Automated Customer Service: 800.566.9311 or www.MERITAIN.com

Printed: 20160518

INDEX #: 009

Please choose how you would like to receive the ID Card

[@ Email](#) [Download and Print PDF](#) [Order by Mail](#) [Fax](#)

Email ID Card

Enter Email Address *

QA-TESTING@MERITAIN.COM

Disclaimer

i This information is being provided to you as an informational tool and is not a guarantee of benefits. All plan terms and conditions must be met to continue plan eligibility.

☐ I Accept *

If a dependent over the age of 18 needs a new ID card, they will need to log in to their individual website account and follow these steps.

How to Request a Letter of Coverage (LOC)

You may find you need a Letter of Coverage to qualify for COBRA benefits or if your adult dependent is applying for their own insurance. If so, you can request one from your Meritain Health member website.

Simply click on the *Benefits and Coverage* drop-down along the top toolbar and choose *Letter of Coverage*.

The screenshot shows the Meritain Health member website interface. The top navigation bar includes links for Messages and Links, and a welcome message for Janey Doey. The main navigation bar features a dropdown menu for 'Benefits and Coverage', which is currently open. Within this menu, the 'Letter of Coverage' option is highlighted with an orange circle. Other options visible in the dropdown include ID Card, Coordination of Benefits, Member Statements, and Accolade Health Assistant®. The background shows a table with member information and a 'Member Resources' section.

You can choose from four ways to receive your letter: by email, fax, regular mail or you can download the file and print it on your own.

The screenshot shows the 'Letter of Coverage' request form on the Meritain Health member website. The page title is 'Letter of Coverage'. Below the title, there is a red Adobe PDF icon and the text 'Letter of Coverage'. A section titled 'Please choose how you would like to receive the Letter of Coverage:' contains four buttons: '@ Email', 'Download and Print PDF', 'Order by Mail', and 'Fax'. These buttons are highlighted with an orange circle. Below this section, there is a form for 'Email Letter of Coverage' with a text input field for 'Enter Email Address*' containing the email 'Ericdean123@ac.com'. A 'Disclaimer' section follows, stating that the information is provided as an informational tool and is not a guarantee of benefits. At the bottom, there is a checkbox for 'I Accept*' and two buttons: 'Cancel' and 'Submit'.

Tools and Resources

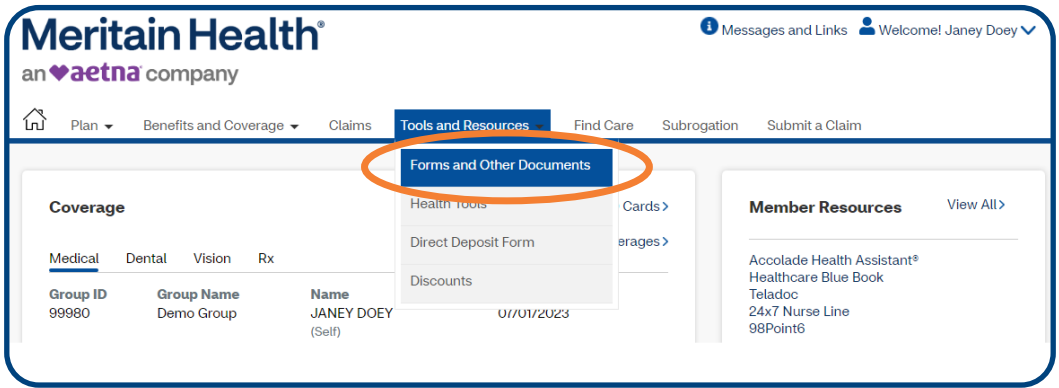
The Tools and Resources feature has five sub-sections members can access depending on permissions.

- 1. Forms and Other Documents
- 2. Health Tools
- 3. Education
- 4. Direct Deposit Form
- 5. Discount

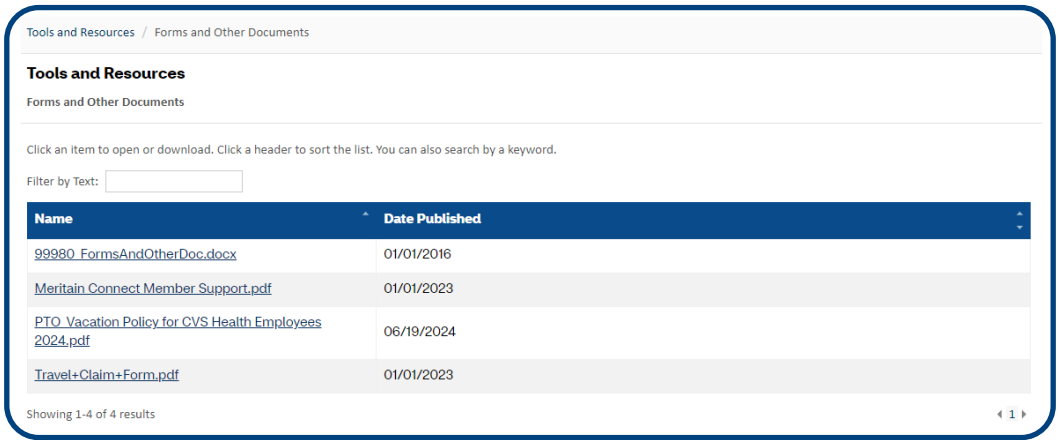
Forms and Other Documents

This feature shows what forms and documents are available to members.

To access the Forms and Other Documents feature, simply click *Tools and Resources* on the top menu bar of the homepage and then select *Forms and Other Documents* from the drop-down.



You can click on an item from the list or search by a keyword. Use the Filter by Text field.



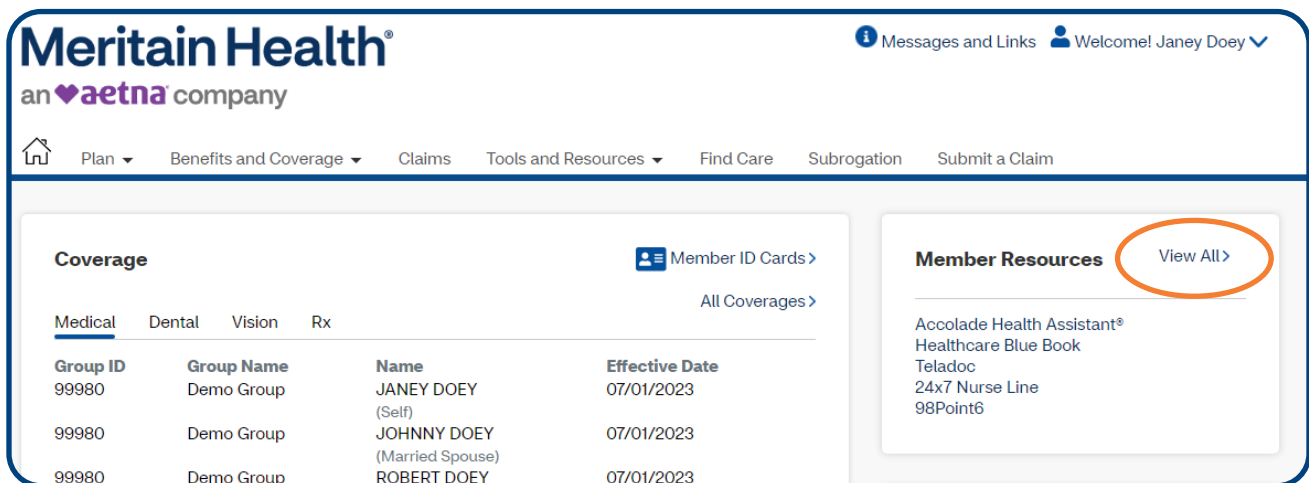
Then, open or download the document.



Health Tools

This feature shows the links to all Member Resources elected for the members.

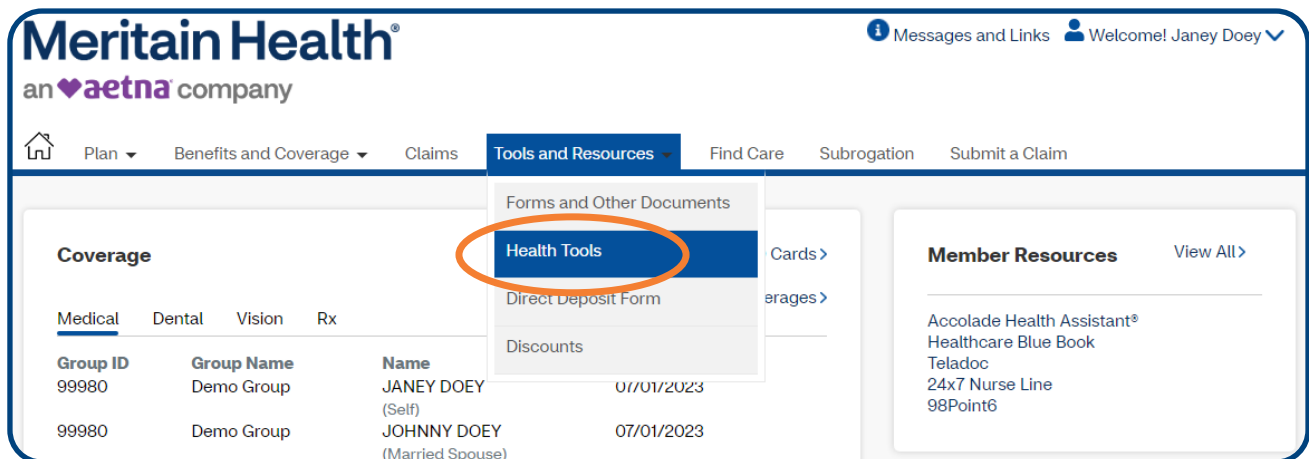
From your homepage, click on the *View All* link on the top right-hand corner of the Member Resources section.



The screenshot shows the Meritain Health homepage. The header includes the Meritain Health logo, "an aetna company", and a user profile for "Janey Doey". The main navigation bar contains links for Plan, Benefits and Coverage, Claims, Tools and Resources, Find Care, Subrogation, and Submit a Claim. The "Tools and Resources" link is highlighted. Below the navigation bar, there is a "Coverage" section with a table of member information. To the right of the coverage table is a "Member ID Cards" link. Further right is a "Member Resources" section with a list of resources: Accolade Health Assistant®, Healthcare Blue Book, Teladoc, 24x7 Nurse Line, and 98Point6. A "View All" link is circled in orange in the top right corner of the Member Resources section.

Group ID	Group Name	Name	Effective Date
99980	Demo Group	JANEY DOEY (Self)	07/01/2023
99980	Demo Group	JOHNNY DOEY (Married Spouse)	07/01/2023
99980	Demo Group	ROBERT DOEY	07/01/2023

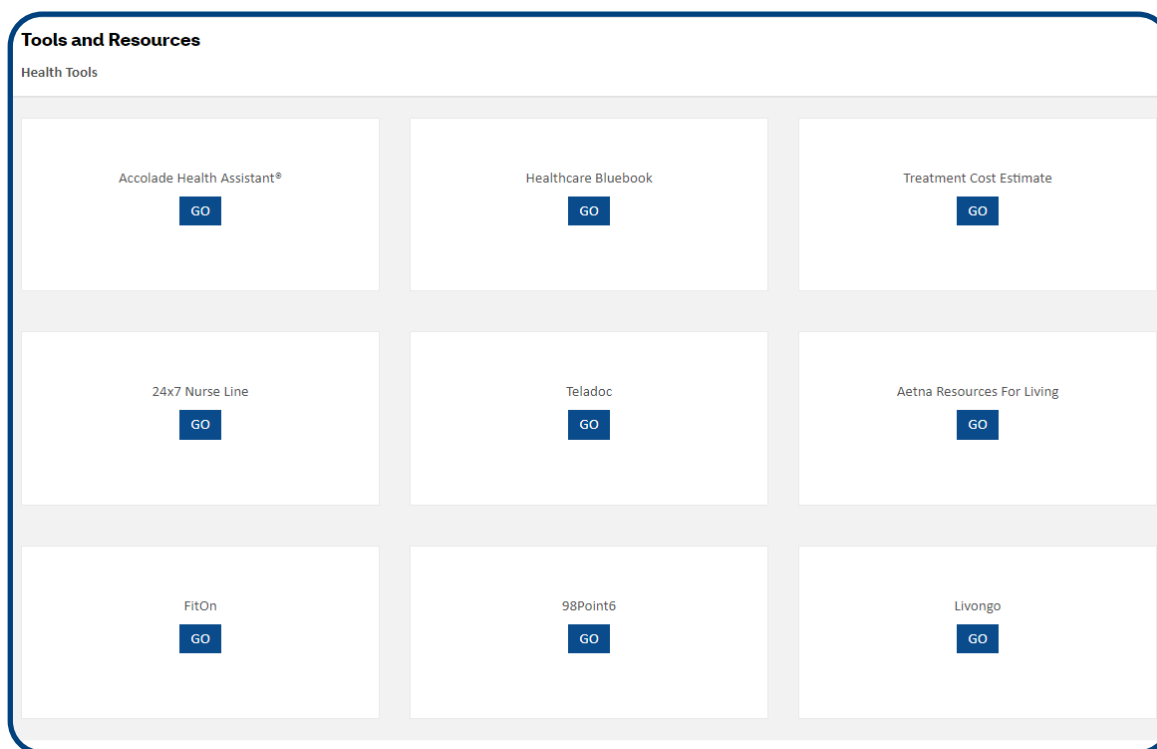
You can also access the feature at the top menu bar by clicking on *Tools and Resources*. Then, on the drop-down select *Health Tools*.



The screenshot shows the Meritain Health homepage with the "Tools and Resources" dropdown menu open. The "Health Tools" option is circled in orange. The dropdown menu also includes "Forms and Other Documents", "Direct Deposit Form", and "Discounts". The "Member Resources" section is visible on the right, with a "View All" link.

Group ID	Group Name	Name	Effective Date
99980	Demo Group	JANEY DOEY (Self)	07/01/2023
99980	Demo Group	JOHNNY DOEY (Married Spouse)	07/01/2023

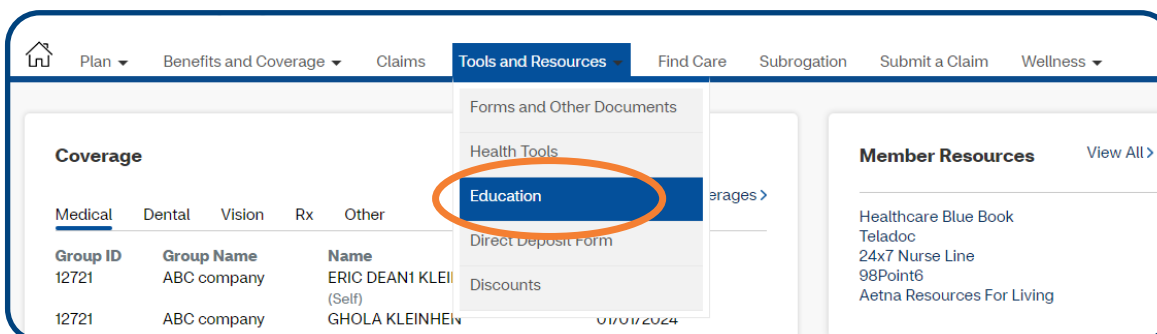
The links available to you will appear. To make a selection, please click **Go** on the link of your choice.



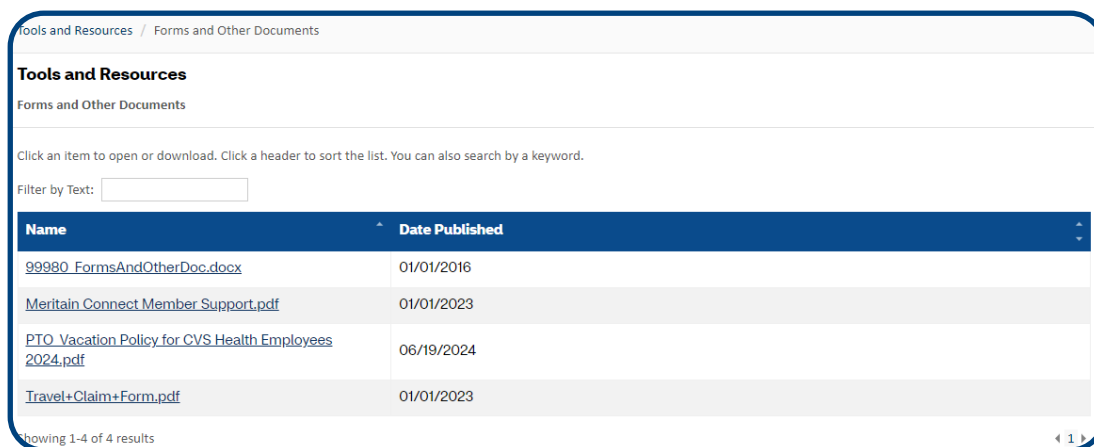
Education

The Education feature allows plan sponsors to add educational materials for members. This can be information on the wellness offering or other shared educational materials.

To access the Education feature, simply click *Tools and Resources* on the top menu bar of the homepage. Then, on the drop-down select *Education*.



You can click on an item from the list or search by a keyword using the *Filter by Text* field.



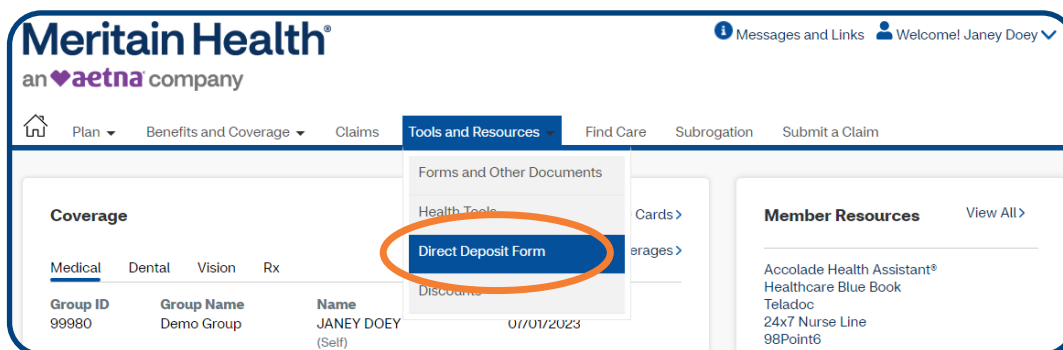
You can then open or download the document.



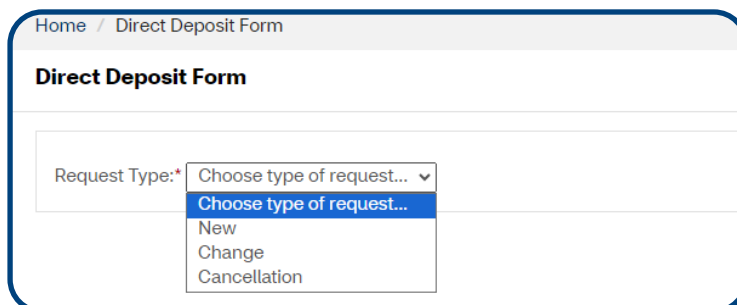
Direct Deposit Form

This is a guided form that allows a member to add a new direct deposit to their eligibility record, change the existing direct deposit information on file or cancel it.

You can access the feature at the top menu bar by clicking on *Tools and Resources*. Then, on the drop-down select *Direct Deposit Form*.



Select your request type from the drop-down.



Depending on the request type selected, you will provide the information required. When complete, click **Submit**.

Direct Deposit Form

Request Type: New

Financial Information
Direct deposit is only available for US-based financial institutions.

Account Type *

☐ Checking Account ☐ Savings Account

☐ Check here if this is a joint account. By enrolling in direct deposit with a joint account, you acknowledge you are responsible for informing the joint account holder.

Name on the Account *

Bank or Financial Institution *

Routing/Transit Number *

Account Number*

Address of Financial Institution

Country of Financial Institution

UNITED STATES OF AMERICA

City of Financial Institution

State of Financial Institution

Select

Zip Code of Financial Institution

Terms and Conditions

- You must complete, sign, and date this authorization form to enroll in the direct deposit program. If you have a joint account, you are certifying you are responsible for informing the joint account holder of the direct deposit enrollment. Once your form is received by Meritain Health, there may be up to a 7-10 business day time period before the direct deposit becomes effective. Any claims paid during this time will be mailed to you as a check.
- In order to take advantage of the direct deposit program, your financial institution must be a member of an Automated Clearing House (ACH).
- You will receive a direct deposit statement each time an electronic transfer is made to your account. The statement will indicate what claims are paid, as well as year-to-date information on your reimbursement account. It can take up to 72 hours for a payment to post into your account after Meritain Health transmits the funds. Please verify that the deposit has been made into your account before attempting to withdraw funds.
- It is your responsibility to notify Meritain Health of any changes to your bank account, such as a closure, or a change in the account number. Complete this form with the new information, and select option from dropdown. There may be up to a 7-10 business day processing period before the change becomes effective. During this time, you will receive checks for any reimbursement claims paid.
- You may cancel direct deposit at any time by completing this form and select option from dropdown. This will take effect as soon as the form is received and processed by Meritain Health.
- If a direct deposit is returned to Meritain Health, or for any reason cannot be made to your account, Meritain Health will investigate the cause and if needed, issue a reimbursement check. Until the problem is corrected, you will continue to receive checks for any reimbursement claims paid.
- Direct deposit services will remain in effect from one plan year to the next unless you cancel the direct deposit services.
- Meritain Health reserves the right to automatically cancel your direct deposit services upon termination of employment or termination of your reimbursement account.

Questions? Please call the number on your ID Card for assistance.

Voided check (for checking account) or deposit slip (for savings account). Please place directly below.

Browse

Employee / Account Holder Certification

I certify that I have read and understand the terms and conditions on this form. By signing here, I authorize my reimbursements to be sent to the financial institution and account designated above. This authorization is to remain in effect until Meritain Health has been given a reasonable amount of time to act on written notification from me to terminate the deposits and continue reimbursements with mailed checks.

Signature *

Date

7/11/2024

Submit

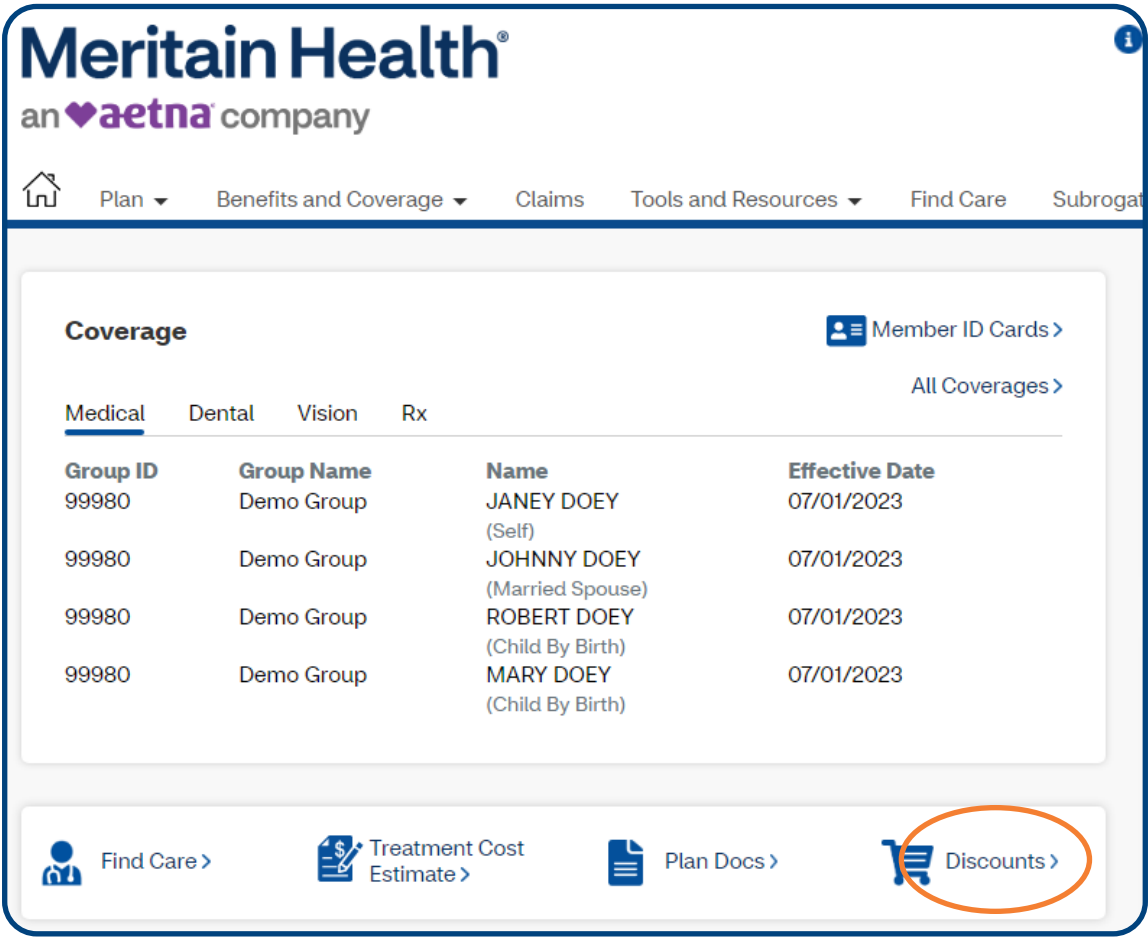
Meritain Health Member User Guide

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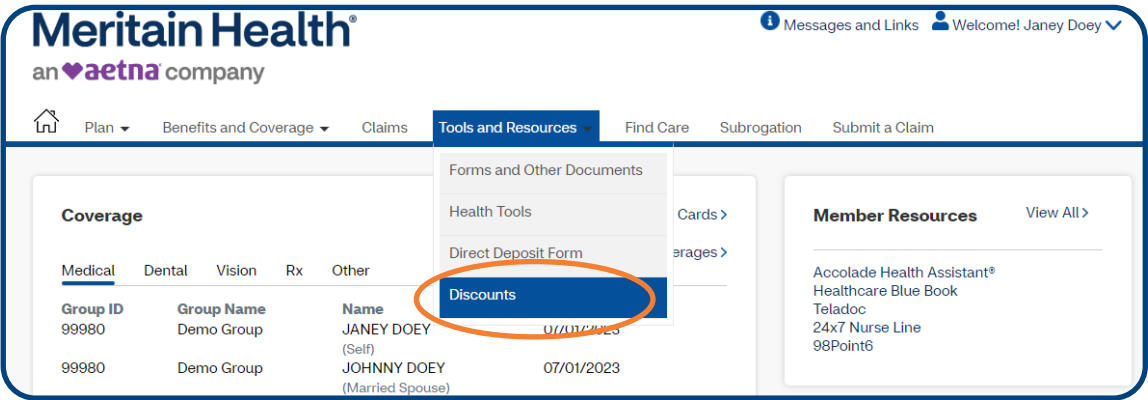
Discounts

The Discounts feature allows members to navigate to the links for Discounts, such as Aetna Resources for Living® and LifeMart.

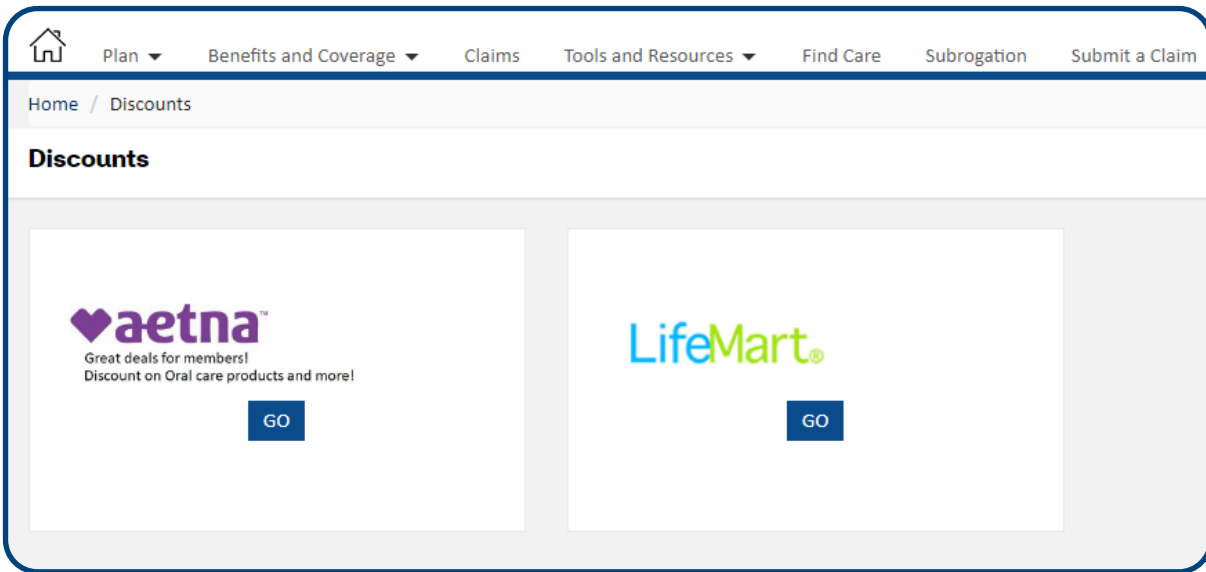
From your homepage, click on the *Discounts* link on the middle of the homepage.



You can also access the feature by clicking on the *Tools and Resources* drop-down from the menu tool bar and select *Discounts*.



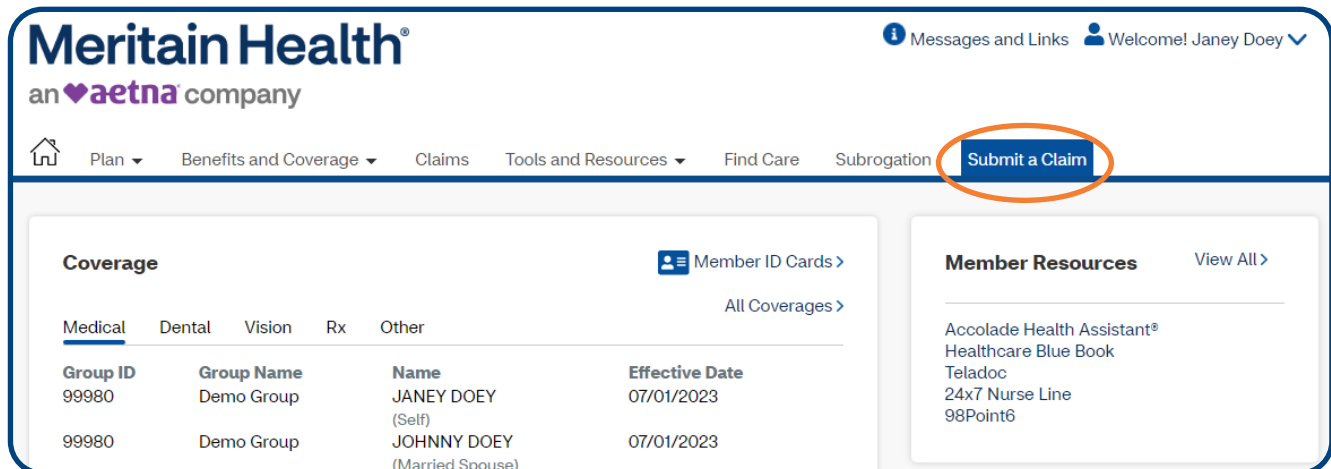
The discounts will appear, and you can select your choice by clicking Go.



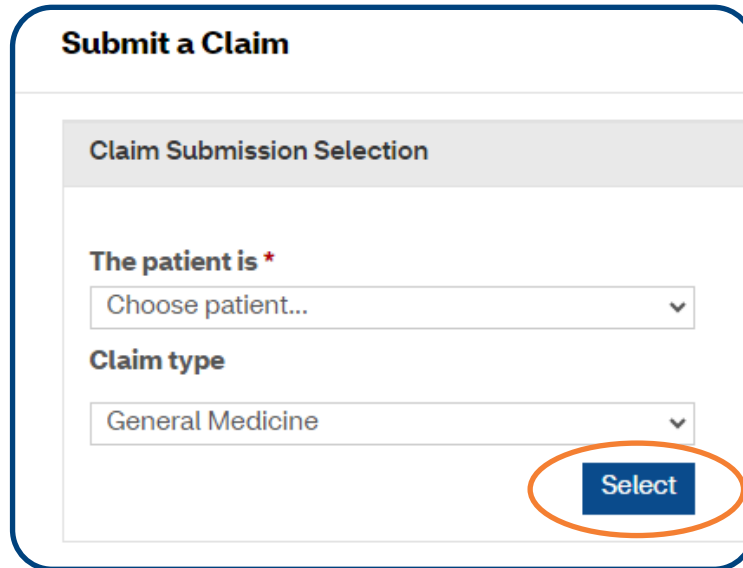
Submitting a Claim

If you need to submit a claim request for a member, you can do this easily through your website!

These forms can be filled out and submitted online by clicking on the top menu bar *Submit a Claim*. The menu will be available based on the group set up. There may also be other member reimbursement forms available to you, based on your benefit design.



Once you click on *Submit a Claim*, you will choose the patient's name in the first drop-down. Then, choose the claim type on the second drop-down. Lastly, click *Select*.

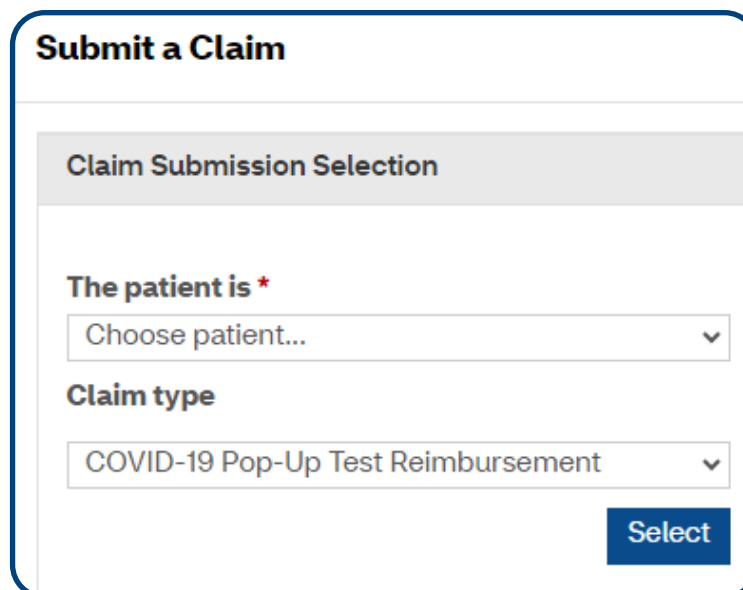


The screenshot shows a web form titled "Submit a Claim". Below the title is a section header "Claim Submission Selection". There are two dropdown menus. The first is labeled "The patient is *" and has the text "Choose patient..." inside. The second is labeled "Claim type" and has "General Medicine" selected. A blue button labeled "Select" is at the bottom right, circled in orange.

One of the many service types we offer is the General Medicine form. The form should be used when you are requesting a reimbursement for an out-of-network medical claim or if you paid out-of-pocket for a covered service.

Another service type we offer is the COVID-19 Pop-Up Test form. This form is for pop-up testing reimbursement only. It is not to be used for tests received from a provider in a provider setting.

This form can be found on the claim type drop-down.



The screenshot shows the same "Submit a Claim" form. In this instance, the "Claim type" dropdown menu has "COVID-19 Pop-Up Test Reimbursement" selected. The "Select" button is still present at the bottom right.

You should provide information in all mandatory fields for the request to be submitted successfully. Once completed, you can click *Submit* at the bottom of the page.

Submit a Claim

[Back To Claim Submission Selection](#)

Instructions:

- Please submit one claim request per member.
- Only submit one service request per service or provider.
- Please do not attach documentation that is password protected.
- Please do not attach encrypted .pdf files.

Do not use this form for Over the Counter Test reimbursement requests. This form is for reimbursement of tests administered at Pop Up Facilities ONLY.

* Indicates required fields

Claim Type Information

Claim Type: COVID-19 Pop-Up Test Reimbursement

Patient Name: JANEY DOEY (08/26/1980)

COVID-19 Pop-Up Test Reimbursement Information

Date of Service *

Total Charges *

Proof of Payment

Attach a copy of your receipt or proof of payment. *

NOTE:

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

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 *

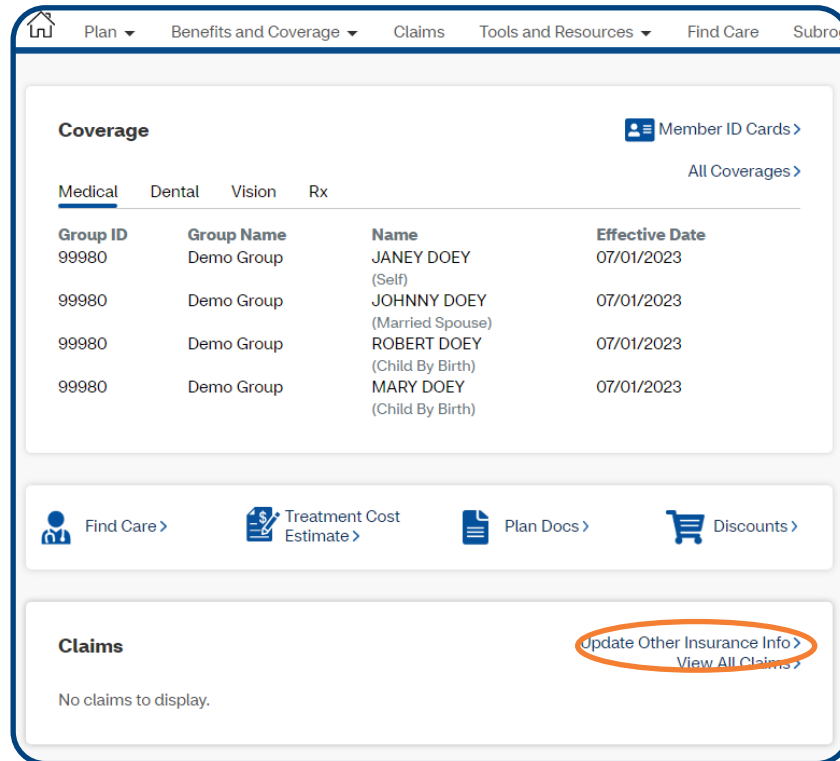
Date

Once the claim is submitted, a message will appear advising the claim has been received and processing will begin soon.

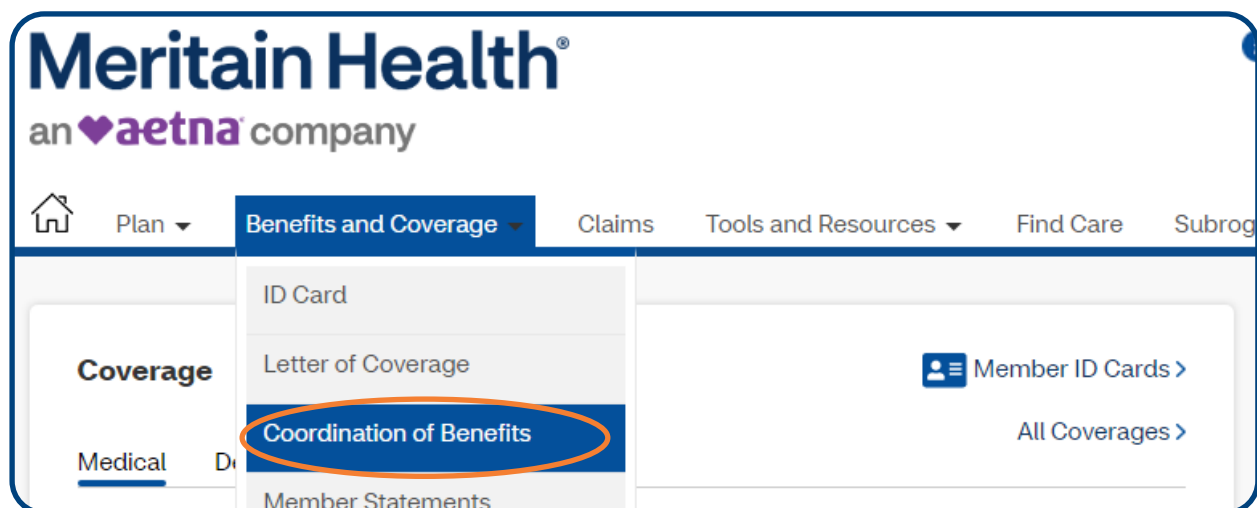
Updating Other Insurance Information

If your spouse also has health care coverage, you'll want to coordinate your benefits. And you can do this easily through your member website!

From your homepage, click on the *Update Other Insurance Info* text in the *Claim* box. You will be directed to the *Coordination of Benefits* page within the website.



You can also access Coordination of Benefits by clicking on the *Benefits and Coverage* drop-down from the tool bar and select *Coordination of Benefits*.



Choose your spouse's name from the member name list, and click on the *Plan Info* arrow. Then, simply answer the series of questions. This includes entering your Medicare ID number, if applicable. This can be entered in the MBI format.

If you have any questions or need help, you can contact Meritain Health by calling the Customer Service number on your member ID card.

Current Insurance Coverage Information

Member Name	Member Type	Product	Other Insurance
JANEY DOEY	Employee	Medical	No Other Insurance
JANEY DOEY	Employee	Dental	No Other Insurance
JOHNNY DOEY	Spouse	Medical	No Other Insurance
JOHNNY DOEY	Spouse	Dental	No Other Insurance
ROBERT DOEY	Child	Medical	No Other Insurance
ROBERT DOEY	Child	Dental	No Other Insurance
MARY DOEY	Child	Medical	No Other Insurance
MARY DOEY	Child	Dental	No Other Insurance

Update Your Coordination of Benefits Information

☒ Plan Info

☐ Review

* Indicates required fields

Coordination of Benefits

Is the subscriber covered by any other plan? *

☐ Yes ☐ No

Are the dependents covered by another plan? *

☐ Yes ☐ No

Medicare / Medicaid Information

Is the subscriber covered by Medicare? *

☐ Yes ☐ No

Is the subscriber covered by Medicaid? *

☐ Yes ☐ No

Are the dependents covered by Medicare? *

☐ Yes ☐ No

Are the dependents covered by Medicaid? *

☐ Yes ☐ No

Cancel

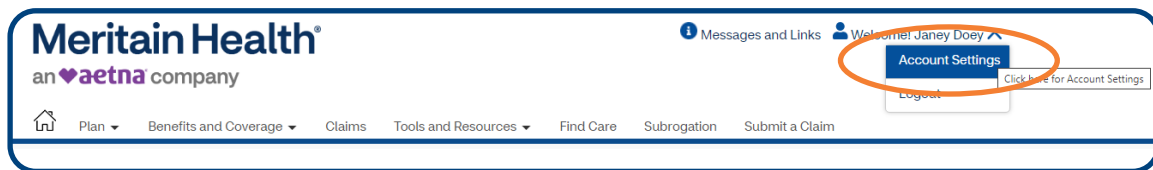
Next

When you're finished, all the information you entered will be sent to Meritain Health for system updates.

Updating Your Email and Postal Mail Addresses

Need to update the email address to which you receive plan notifications? No problem! You can do this quickly and easily through your website.

Once you've logged in, you can update or change your preferred email addresses to receive both account-related communications, and claims and coverage communications.



To set these up:

- Click on the drop-down area near your name in the *Welcome* field.
- Click *Account Settings*.
- Click *Update Account Information*.
- Add your website account email, and electronic communications email. They can be different addresses or the same—it's up to you!

A screenshot of the Meritain Health 'Account Setting' page. The page title is 'Account Setting' with a subtitle 'Last Login: 7/11/2024'. There are four tabs: 'Update Account Information' (selected), 'Update User Information', 'Update Communication Preferences', and 'Update HIPAA Authorization Settings'. The 'Update Account Information' section includes fields for 'Full Name' (JANEY DOEY), 'Password' (Current Meritain Connect Password), and 'Security Question and Answer'. Below these are two email fields: 'Website Account Email' (Current Website Account Email: qa-testing@meritain.com) and 'Electronic Communications Email' (Current Electronic Communications Email: QA-TESTING@MERITAIN.COM). Both email fields have an 'Edit' button circled in orange.

Then, click the *Save Changes* button.

Website Account Email
This email address will be used in case your username or password needs to be recovered, or in case there are any changes to your account's privacy/security settings.

New Website Account Email ID*

Confirm New Website Account Email ID*

☐ Make this the same as the Electronic Communications email

Current Meritain Connect Password*

To update your postal mailing address, click into the *Update User Information* tab and enter your updated mailing information.

Account Setting
Last Login: 7/11/2024

Update User Information [Edit](#)

This is the demographic information provided by your employer as part of your original enrollment.

First Name Middle Initial Last Name

Phone Number (optional) Phone Number Type

Address1 Address2 Country

City State Zip Code

Enter your mailing information and then click the *Submit Changes* button.

Update User Information

This is the demographic information provided by your employer as part of your original enrollment.

First Name* Middle Initial Last Name*

Phone Number (optional) Phone Number Type

Address1* Address2 Country*

City* State* Zip Code*

Current Meritain Connect Password*

Finding a Provider in Your Network

When you're in need of medical care and need to find a doctor or hospital—we can help! You can search for providers in your network with your Meritain Health member website.

To start your search, click the *Find Care* link on your dashboard.

Meritain Health
an **aetna** company

Messages and Links Welcome! Janey Doey ✓

Plan Benefits and Coverage Claims Tools and Resources Find Care Subrogation Submit a Claim

Coverage Member ID Cards > All Coverages >

Medical Dental Vision Rx

Group ID	Group Name	Name	Effective Date
99980	Demo Group	JANEY DOEY (Self)	07/01/2023
99980	Demo Group	JOHNNY DOEY (Married Spouse)	07/01/2023
99980	Demo Group	ROBERT DOEY (Child By Birth)	07/01/2023
99980	Demo Group	MARY DOEY (Child By Birth)	07/01/2023

Member Resources View All >

Accolade Health Assistant®
Healthcare Blue Book
Teladoc
24x7 Nurse Line
98Point6

Out-of-Pocket Expenses View All >

Medical Dental

Family In-Network Deductible Limit - \$900.00

Find Care > Treatment Cost Estimate > Plan Docs > Discounts >

You can also search for a provider, by clicking *Find Care* on the top tool bar of your homepage.

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Plan Benefits and Coverage Claims Tools and Resources Find Care Subrogation

Coverage Member ID Cards > All Coverages >

Medical Dental Vision Rx Other

Group ID	Group Name	Name	Effective Date
99980	Demo Group	JANEY DOEY (Self)	07/01/2023
99980	Demo Group	JOHNNY DOEY (Married Spouse)	07/01/2023
99980	Demo Group	ROBERT DOEY (Child By Birth)	07/01/2023
99980	Demo Group	MARY DOEY (Child By Birth)	07/01/2023

Find Care > Treatment Cost Estimate > Plan Docs > Discounts >

A list of your networks will pop up. Just click the network link to navigate to your search page and follow the prompts.

Find Care

If you live in Utah, [Click here](#)

Accolade: Personalized Health and Benefits Support
You and your family have access to an Accolade Health Assistant and nurse – your first line of support whenever you have healthcare or health benefits questions. Accolade can help you:

- Get the most value from your health benefits
- Resolve issues with healthcare bills and insurance claims
- Find an in-network doctor that is right for you

•

- Discuss symptoms, diseases and treatment options
- Prepare for a doctor's visit or hospital stay
- And much more!

Connect with Accolade today!

Accolade members, please access the Find Care search tool at [member.accolade.com](#) or via the Accolade mobile app

Network	Network Type	Effective From
AETNA CHOICE POS II	Medical	01/01/2024
MERITAIN HEALTH PPO W/PPO II	Dental	01/01/2024

Showing 1-2 of 2 results

< 1 >

Managing Your Claims and HIPAA Settings

From your Meritain Health member website, you can also select how you receive notifications about your claims. You can choose by mail or email.

To select your preference, first go to your website homepage. Then, click on the profile icon in the top right-hand corner. Then, click on *Account Settings*.

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Messages and Links

Welcome! Jane Doe ▾

Account Settings

Logout

Click here for Account Settings

 Plan ▾

Benefits and Coverage ▾

Claims

Tools and Resources ▾

Find Care

Subrogation

Submit a Claim

Next, click on the *Update Communication Preference* tab and follow the prompts.

Account Setting
Last Login: 7/11/2024

Update Account Information Update User Information **Update Communication Preferences** Update HIPAA Authorization Settings

⇒ **Update Mobile Phone Number**
Please provide the best phone number to reach you about your plan benefits and important updates about your health care.
Mobile Phone Number (optional)

Cancel Save Changes

⇒ **Update Electronic Communication Settings for Benefits**
In order to receive benefit program communications quickly and efficiently, we'll use the email address you provide to deliver this information.
☐ Yes, I would like electronic communications ☒ No, I prefer to receive paper
Cancel Save Changes

⇒ **Update Electronic Communication Settings for Claims**
Our records indicate that you are not currently signed up to receive electronic notifications.
In a continuous effort to improve service and preserve privacy, we would like to notify you via email when a claim has been processed and a new document available to you. You can view the document on this website where your privacy is protected with SSL encryption.
Please note:

- Your consent for this process can be withdrawn at any time. Once you accept, you will have the option to withdraw by clicking "Withdraw" which can be accessed from the main dashboard by clicking the "Email Notification Preferences".
- Electronic notifications will be sent to .
- In order to access your documents on this site, you will need Adobe Acrobat Reader software installed on your computer. You can download and install a free copy at www.adobe.com.
- If you need to print a paper copy of your EOB / member statement, you will be able to print it directly from this website, however, you may also obtain a paper copy at no charge by emailing your request to our Service Center or calling the Service Center with the number on the back of your card.
- Documents on this site will not be mailed through the U.S. Postal Service.
- Notifications for claims for Dependents over the age of 18 will not be sent.

To sign up for the electronic notifications of when a claim is processed to , please click the "I agree" button below.
Cancel I Agree

⇒ **Update Participation Settings for Surveys**
To withdraw your consent to receive communications regarding surveys, please click the "Withdraw" button below.
Cancel Withdraw

With your website, every dependent over 18, by law, must set up their own online account. This is because of HIPAA privacy rules. However, through your online website, you can allow other adult dependents on your plan to view your personal claims.

To do this, click on the profile icon. Then, select *Account Settings*.

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Messages and Links Welcome, Jane Doe
Account Settings
Logout [Click here for Account Settings](#)

Plan Benefits and Coverage Claims Tools and Resources Find Care Subrogation Submit a Claim

Next, click on the *Update HIPAA Authorization Settings* tab on the Account Settings page. If you're the plan subscriber, you'll see a list of all adult dependents on your plan who have registered on the website. To allow a dependent to view your claims, click the *grant access* button next to their name in the list and follow the prompts.

Update Account Information

Update User Information

Update Communication Preferences

Update HIPAA Authorization Settings

↩

HIPAA Authorization to Disclose Protected Health Information
(Authorization to View Claims History and Claims in Process)

View Current Permission

By completing this authorization process, you will be authorizing the release of your Protected Health Information, as defined in the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), to a certain individual of your choice that are registered on the Meritain website. The individual to whom you grant access will have the ability to view information regarding your claims history and your claims in process on the Meritain Health member website. To begin the process, please click on the "Grant Access" link next to the corresponding individual below. **You may revoke a HIPAA Authorization at any time by clicking the "Revoke Access" link next to the corresponding individual below and following the revocation process. You may also change a HIPAA Authorization's expiration date at any time by clicking the "Change Date" link below.** If you would like other family members to access your information, they must register on the website first.

Any HIPAA Authorization granted on this website is limited to the release of information regarding your claims history and your claims in process on the Meritain Health member website.

Name

:

ERIC DEAN1 KLEINHEN

Member ID

:

8196288456

Group ID

:

12721

Division / Department

:

12721.C03

Date of Birth

:

05/15/1956

Email

:

ericdean@meritain.com

HIPAA Settings Table

Member ID	First Name	Last Name	Date of Birth	Member Type (Subscriber or Dependent)	Authorization to view my Protected Health Information	Expiration Date	Access
8196288456	GHOLA	KLEINHEN	01/21/1963	Dependent	No	-	Grant Access

Update Account Information
Update User Information
Update Communication Preferences
Update HIPAA Authorization Settings

Step 1
Step 2
Step 3

Step 1 of 3

HIPAA Authorization to Disclose Protected Health Information
ERIC DEAN1 KLEINHEN - 8196288456
I am authorizing the release of information regarding my claims history and claims in process, which includes my Protected Health Information, to the following individual:

Name	GHOLA KLEINHEN
Member ID	8196288456
Group ID	12721
Division / Department	12721.C03
Date of Birth	01/21/1963
Relationship with Subscriber	Married Spouse
Expiration Date	
Authorization to view my protected health information	No

In accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and applicable state law, I authorize the use and disclosure of my Protected Health Information as described below and I acknowledge and agree to the following:

I understand that my Protected Health Information is individually identifiable health information, including demographic information, collected from me or created or received by a health care provider, a health plan, my employer, or a health care clearinghouse and relates to: (i) my past, present, or future physical or mental health or condition; (ii) the provision of health care to me; or (iii) the past, present, or future payment for the provision of health care to me.

☐ Yes, I agree

Cancel Request
Continue

You can also remove access by clicking the *Revoke Access* button next to the dependent's name.

When you grant access to your HIPAA information through your website, Meritain Health Customer Service is automatically notified. Also, if you notify our Customer Service team of your authorization, it's automatically updated on your website. There's no need to make the update in both places!

HIPAA Authorization to Disclose Protected Health Information

ERIC DEAN1 KLEINHEN - 8196288456

I am authorizing the release of information regarding my claims history and claims in process, which includes my Protected Health Information, to the following individual:

Name	GHOLA KLEINHEN
Member ID	8196288456
Group ID	12721
Division / Department	12721.C03
Date of Birth	01/21/1963
Relationship with Subscriber	Married Spouse
Expiration Date	
Authorization to view my protected health information	No

Please choose the date on which this HIPAA Authorization will expire:

Expiration Date*



Please note, you may not choose an expiration date that exceeds one (1) year from today's date. You may change this HIPAA Authorization's expiration date at any time by clicking the "Edit Date" link on the HIPAA Authorization to Disclose Protected Health Information main page.

To continue the authorization process, please click the 'Continue' button below. You will receive an email with a link to complete this HIPAA authorization.

[Back](#)

[Cancel Request](#)

[Continue](#)

Please note that if you cancel your request or navigate away from the "HIPAA Authorization to Disclose Protected Health Information" pages, the information will not be saved.

HIPAA Authorization to Disclose Protected Health Information

ERIC DEAN1 KLEINHEN - 8196288456

You have requested a HIPAA authorization to disclose protected health information regarding your claims history and claims in process to **GHOLA KLEINHEN**.

An email has been sent to your electronic communications email address. You need to click on the link to complete this HIPAA authorization. This link will expire in 15 days.

The email address is viewable in the Update Account Information tab of the Account Settings page.

PLEASE FOLLOW THE LINK PROVIDED IN THE EMAIL TO COMPLETE THIS HIPAA AUTHORIZATION.

[Go back to Account Settings](#)



Simple. Transparent. Versatile.

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

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