



Want to file a claim using the RHS Participant claims portal?

Step 1—ensure your documentation is in good order!

Prior to submitting your claim(s), you should check your available balance and obtain the appropriate supporting documentation.

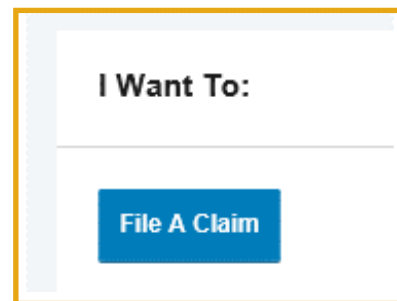
Common examples include:

- Premium Itemization Notice.
- Explanation of Benefits (EOB).
- Itemized statements or bills.

For more information on supporting documentation, review the [Necessary Documentation for In Good Order Submissions](#)

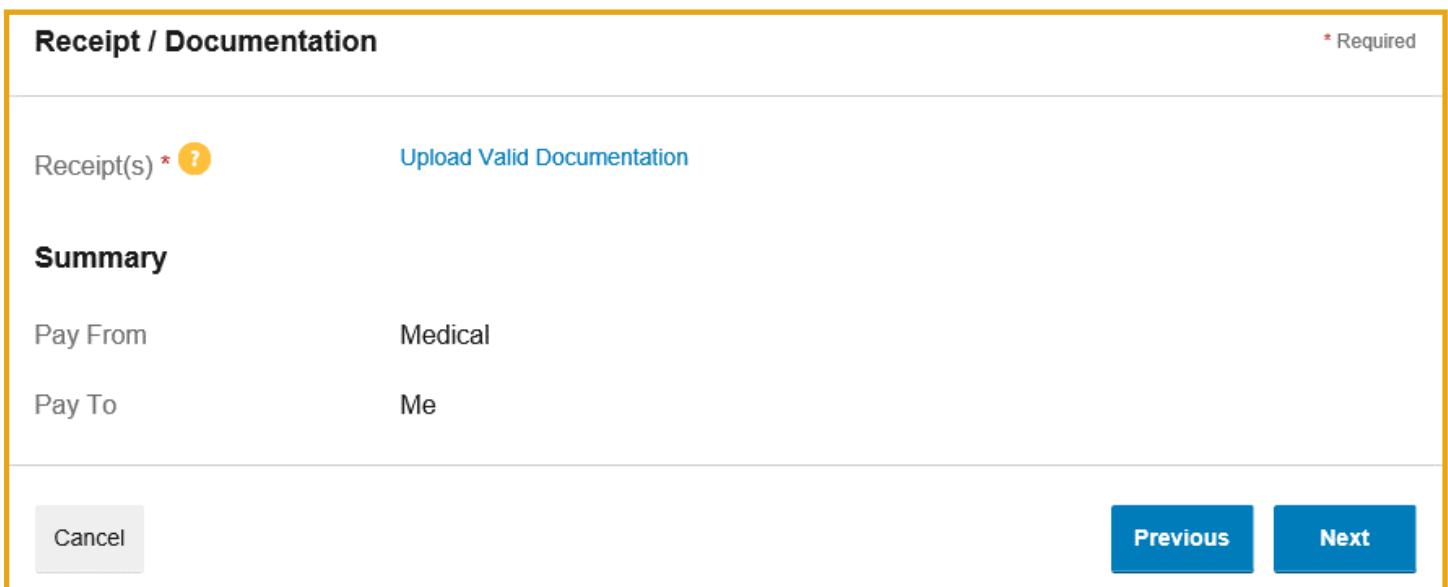
Step 2

Click on *file a claim* to start the process.



Step 3

You will be prompted to upload your supporting documents.



Receipt / Documentation * Required	
Receipt(s) * ?	Upload Valid Documentation
Summary	
Pay From	Medical
Pay To	Me
Cancel Previous Next	

Step 4

Enter your claim details-mandatory fields are indicated with an asterisk (*). Required fields:

- Date of service
- Amount
- Provider
- Category and claim type
- Recipient (select dependent if applicable)

You can establish a recurring claim by selecting this option as shown below:

Accounts / File A Claim

Available Balance

Available Balance ?	Medical Activity ?	Premium Activity ?
\$1,000.00	—	—

Claim Details * Required

Start Date of Service *

mm/dd/yyyy

End Date of Service

mm/dd/yyyy

Amount *

\$

Provider *

Category * ?

Select a category...

Type *

Select a type...

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *

☒ Test Participant

Add Dependent

Set up a recurring claim for this expense

☐

Did You Drive To Receive This Product/Service? * ?

☐ Yes ☒ No

Summary

Pay From

Medical

Pay To

Me

Documentation Uploaded

Yes

Cancel

Previous

Next

Step 5

Click *Add Another* to file more than one claim. In order to process your claims on time, please itemize them. Claims must be broken down by expense type and date of service.

Transaction Summary (2)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT		
+ Medical Activity	Me	Prescription Medication Copay/Cost	\$10.00	\$10.00	Remove	Update
+ Medical Activity	Me	Laboratory Fees	\$5.00	\$5.00	Remove	Update
Total Amount			\$15.00	\$15.00		

[Cancel](#)[Save for Later](#)[Add Another](#)[Submit](#)

Additional information

- **To add a spouse/dependents**—Select *Accounts*, then *Profile Summary*, and *Add Dependent* to provide this information
- **To establish Direct Deposit**—Select *Tools & Support* and *Change Payment Method* to set up Direct Deposit

Have any questions, or need more information? We can help. Please contact the Meritain Health Customer Service team at 1.888.587.9441, weekdays 8:00 AM–5:00 PM ET or by Missionsq@meritain.com