



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.

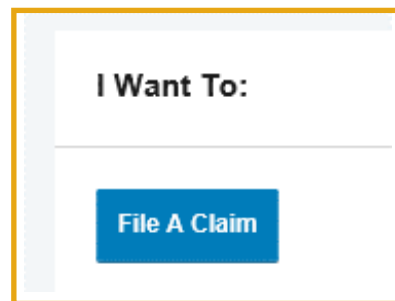
Common examples include:

- 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 *	<input type="text" value="mm/dd/yyyy"/>
End Date of Service	<input type="text" value="mm/dd/yyyy"/>
Amount *	\$ <input type="text"/>
Provider *	<input type="text"/>
Category * [?]	Select a category... <input type="button" value="v"/>
Type *	Select a type... <input type="button" value="v"/>
Description	<input type="text"/>
	<small>If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.</small>
Recipient *	<input checked="" type="radio"/> Test Participant Add Dependent
Set up a recurring claim for this expense	<input type="checkbox"/>
Did You Drive To Receive This Product/Service? * [?]	<input type="radio"/> Yes <input checked="" type="radio"/> No

Summary

Pay From	Medical
Pay To	Me
Documentation Uploaded	Yes

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

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