



Meritain Health® Member Website User Guide

Table of Contents

Introduction.....	3
Member Website Flow	3
Registering and Logging In.....	4
Registering.....	4
Logging In	8
Adding the Meritain Health Application to Your Mobile Device	10
Android™	10
iPhone®	11
Your Member Website Dashboard	13
How to View Your Out-of-Pocket Expenses	14
Review of Plan Information	15
Review and Access Plan Documents.....	16
How to View Your Claims.....	18
How to View Explanation of Benefits (EOB).....	20
Member Statement	21
How to View and Print ID Cards.....	22
How to Request a Letter of Coverage.....	24
Tools and Resources	25
Forms and Other Documents	25
Health Tools.....	26
Education.....	27
Direct Deposit Form	28
Discounts	30
Submitting a Claim.....	31
Updating Other Insurance Information	34
Updating Your Email and Postal Mail Addresses.....	36
Finding a Provider in Your Network	38
Managing Your Claims and HIPPA Settings	39

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

Member Website

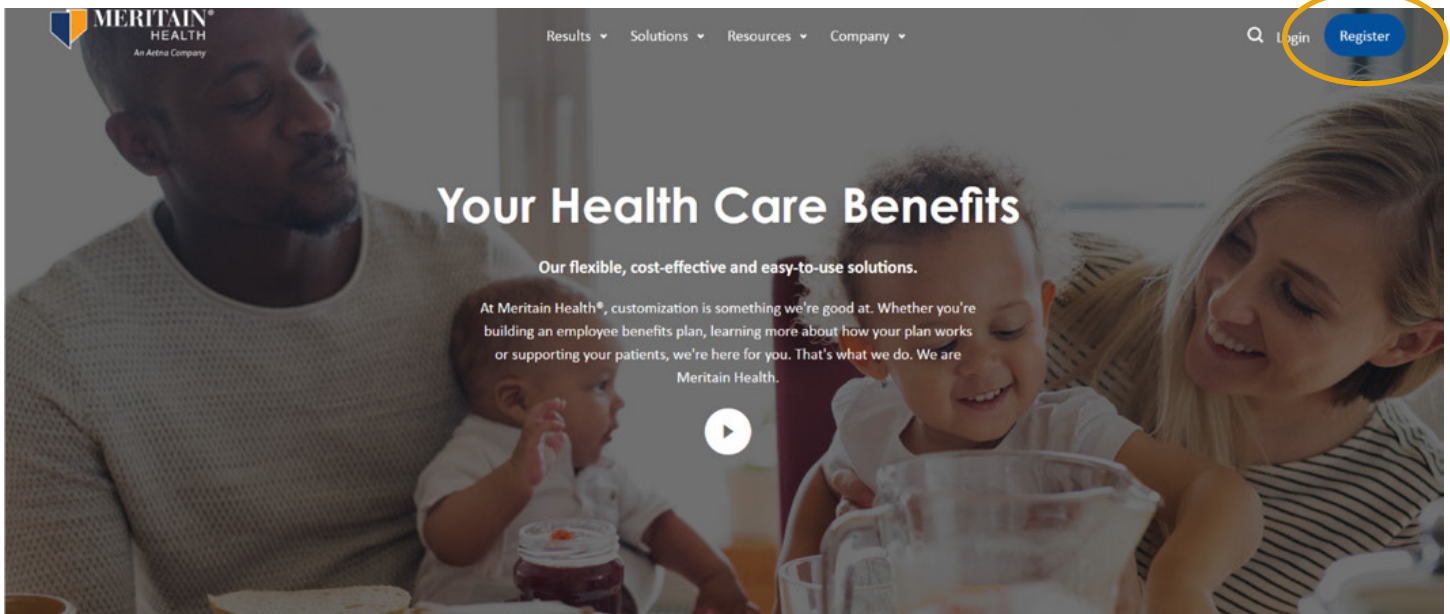
Plan	Benefits and Coverage	Claims	Tools and Resources	Find Care	Submit a Claim	Account Settings
Summary of out-of-pocket expenses	ID card		Forms and other documents			Update Account Information
HRA	Letter of Coverage		Health tools			Update Communication Preferences
Prescription plan	Coordinations of Benefits		Education			Update HIPPA 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*.



Registration / New Member

Registration

I am a

Member

Provider

Producer

i 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.

Cancel

Next

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.

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*

mm/dd/yyyy

Zip code*

Cancel

Next

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.

Registration

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.

☐ Member ID ☒ Last 4 Digits of Social Security Number

Last 4 Digits of Social Security Number*

Group ID

First Name*

Middle Initial

Last Name*

Suffix

Date of birth*

Zip code*

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

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: duvan

Last Name: tomassian

Middle Initial:

Last 4-Digits of SSN: 9980

Group ID: 99980

Suffix:

Zip Code: 98208-2903

DOB: 03/04/1970

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*

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.

Member Registration

Step 1 > Step 2 > **Step 3** > Step 4

Create Username and Password Step 3/4

Username*

Password* ? Confirm Password*

Please provide the best phone number to reach you about your plan benefits and important updates about your health care.

Mobile Phone Number (optional)

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

Website Account Email* Confirm website Account Email*

This email address will be used for account communications, including account alerts on the website, as well as notifications regarding your plan.

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

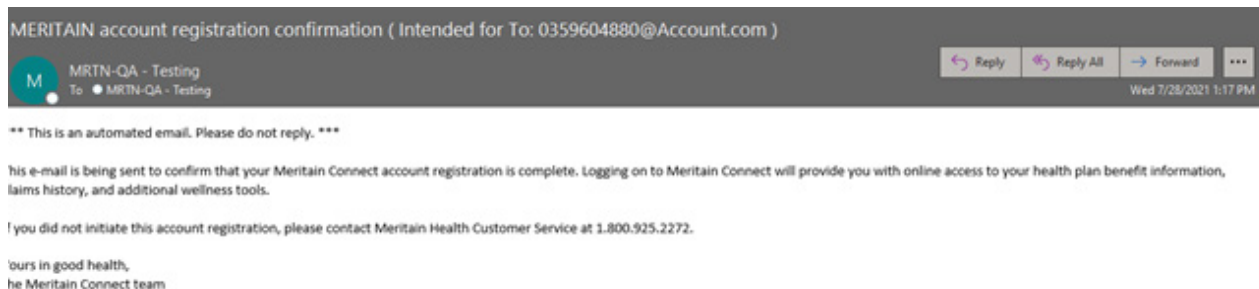
If you need to change your email on file, please go to the portal home page and click on the icon located next to the "Logout" button in the top right. From there, click on the "Edit" link located to the right of your email.

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.



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

Registration > New Member

Member Registration

Step 1 > Step 2 > Step 3 > **Step 4**

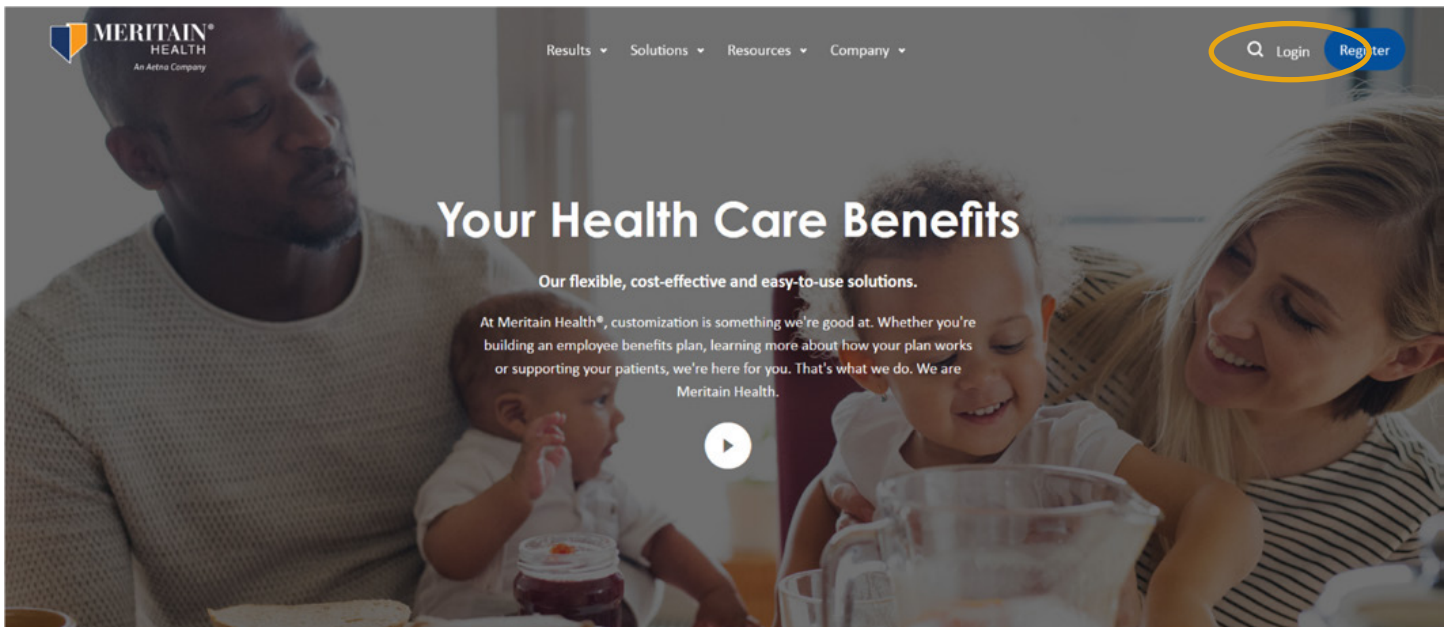
Registration Complete Step 4/4

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 meritain.com.

You can also find the [Login](#) page on account.meritain.com.



To drive down your costs, we focus our efforts on



Cost Avoidance and Prevention



Access to Care

Nationwide network and associated



Payment Integrity

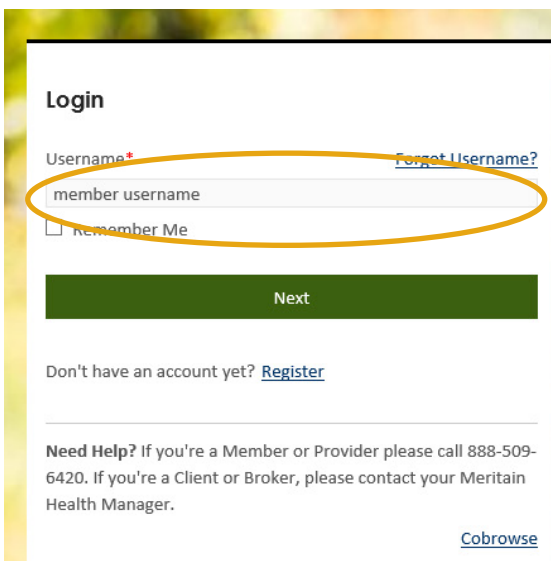
Proactive plan reviews help lower your



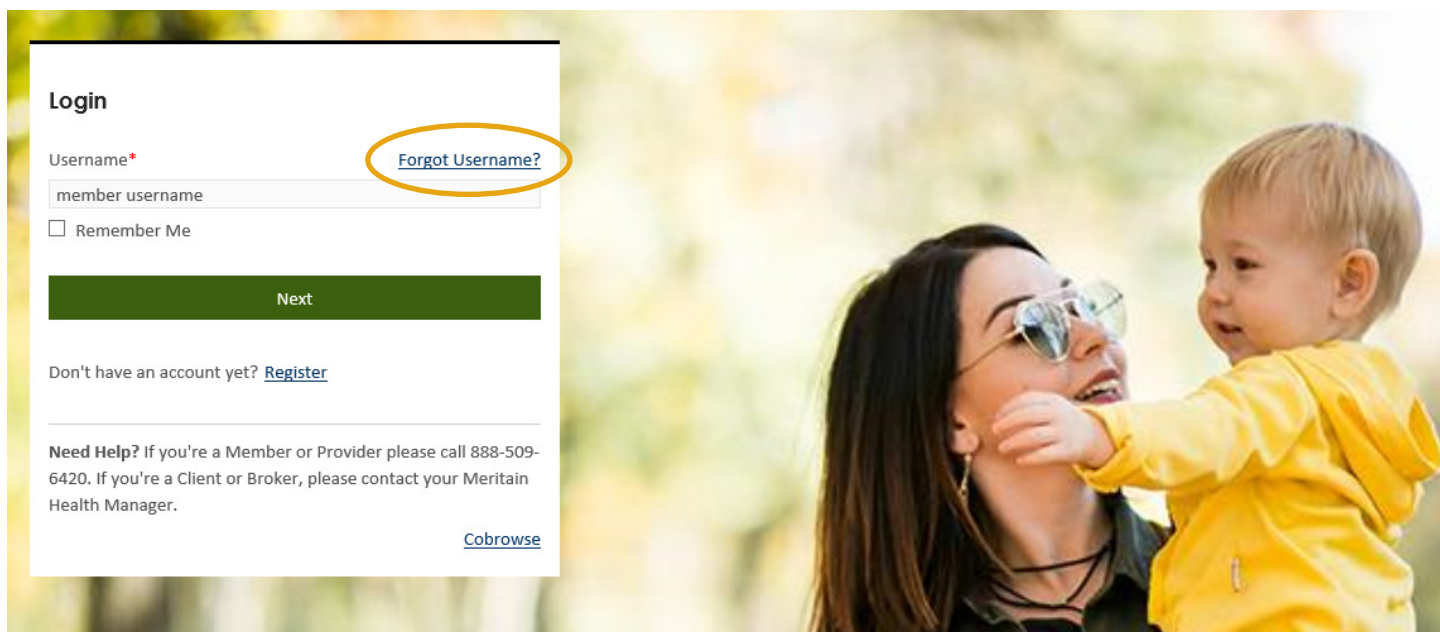
Actionable Data

We want your benefits plan to work

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

The image shows a "Login" form. At the top is the title "Login". Below it is a "Username" label with a red asterisk. To the right of the label is a link "Forgot Username?". Below the label is a text input field containing "member username". Below the input field is a checkbox labeled "Remember Me". Below the checkbox is a green "Next" button. Below the button is a link "Don't have an account yet? Register". At the bottom is a section titled "Need Help?" with contact information for members, providers, clients, and brokers. A "Cobrowse" link is at the bottom right of the form.

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

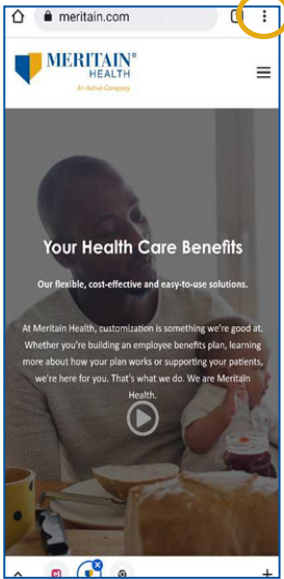


Adding the Meritain Health Application to Your Mobile Device

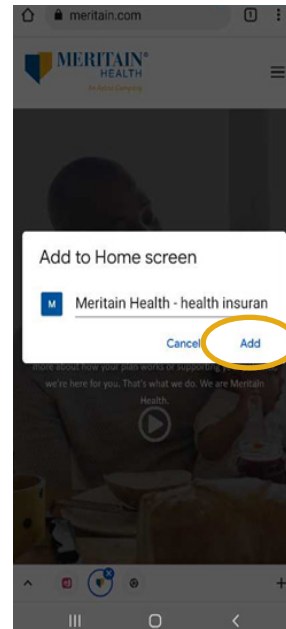
Do you have the Meritain Health app yet? You can reach our member website in just one click. With the app, you can access everything available on our website with real time updates on any device. You can easily access all services related to your benefits with a single sign on. The Meritain Health app 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

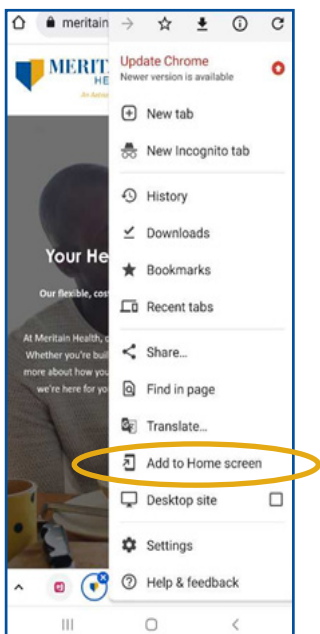
1. If you have an Android device, log in to your member website through **www.meritain.com**. Once on the home page, click on the widget on the top right-hand corner.



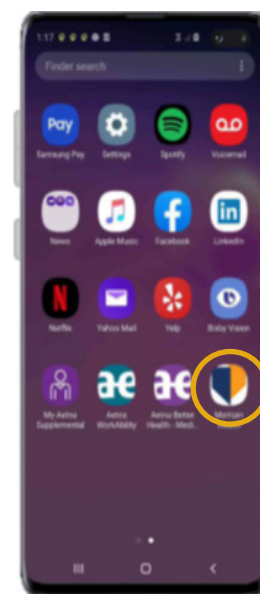
3. Click *Add* to home page or *Cancel* to opt-out.



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



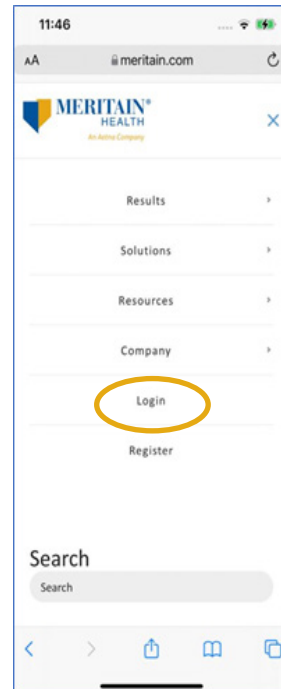
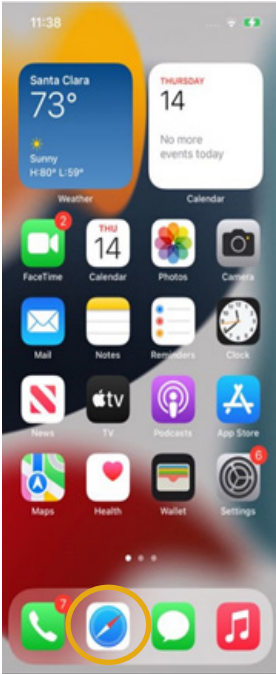
4. Your Meritain Health app logo will then be installed and added to your home screen.



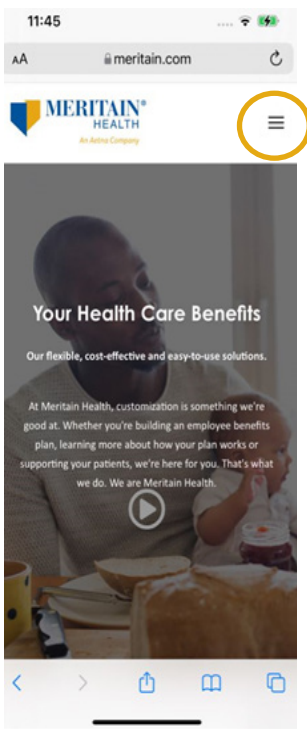
5. Now, launch the app from your home screen and log in.

iPhones

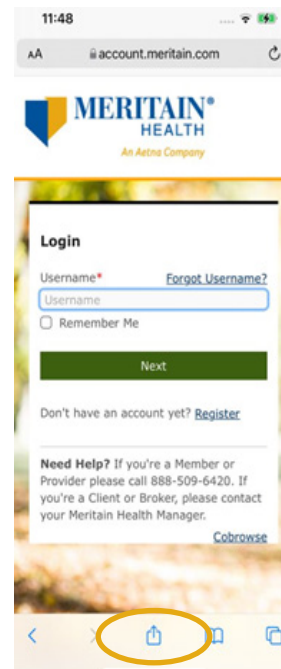
1. If you have an Apple device, first open your Safari web browser.
3. Choose *Login* from the menu selections.



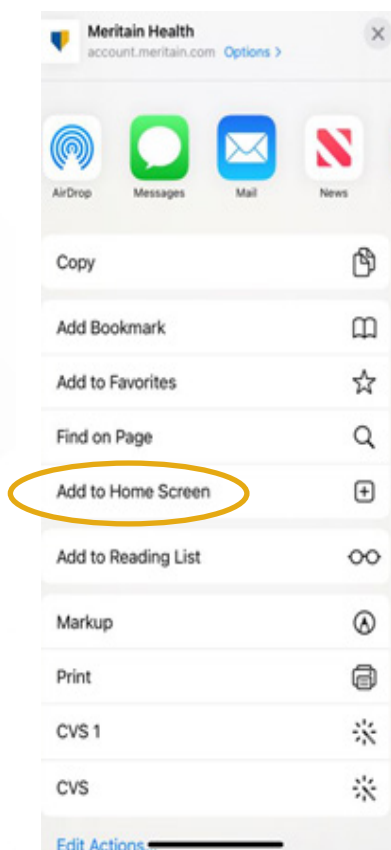
2. Go to the Meritain Health website at www.meritain.com. Click the drop-down menu in the top right-hand corner.



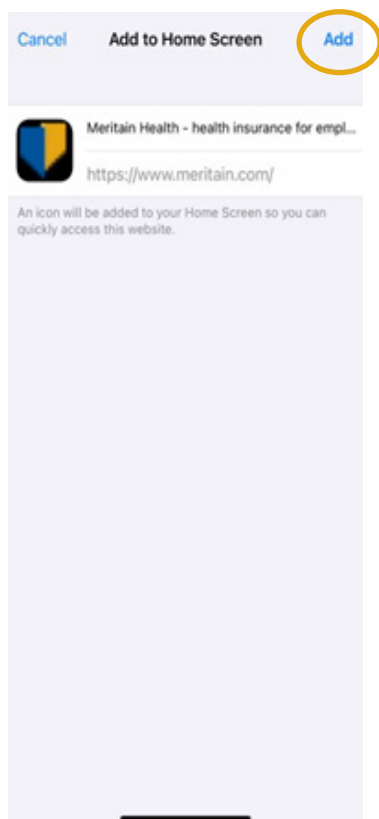
4. Next, tap the share icon located at the bottom center of your screen.



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 home page. 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.

Coverage

 [Member ID Cards >](#)

[All Coverages >](#)

Medical Dental Vision Rx Other

Group ID	Group Name	Name	Effective Date
12721	WEST BOCA SPORTS MED CTR	ERIC DEAN KLEINHEN (Self)	01/01/2021
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHEN (Married Spouse)	01/01/2021

 [Find Care >](#)

 [Plan Docs >](#)

 [Discounts >](#)

Member Resources

[Healthcare Blue Book](#)
[Aetna Resources For Living](#)
[Compare Hospitals](#)
[Peerfit](#)

Out-of-Pocket Expenses

Medical Dental

Family In-Network Deductible Limit - \$2500.00

[View All >](#)

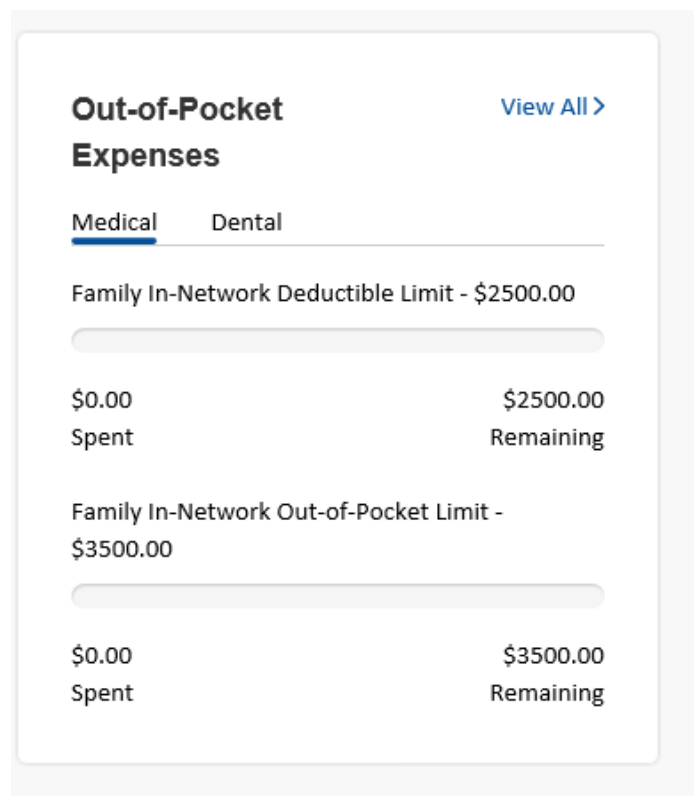
From the top toolbar of your dashboard, you can also link to information about your plan, benefits coverage, covered dependents, claims, and much more. Your dashboard is a one-stop-shop for all the valuable information you need to manage your health care benefits!

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 home page. 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.



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.

Select Account Medical ▼ Select Year 01-01-2021 to 12-31-2021 ▼

SWW HRA

In-Network

Family In-Network Deductible Limit

Applied (\$)	Remaining (\$)	Maximum (\$)
455.00	2045.00	2500.00

Family In-Network Out-of-Pocket Limit

Applied (\$)	Remaining (\$)	Maximum (\$)
475.00	3025.00	3500.00

Out-of-Network

Family Out-of-Network Deductible Limit

Applied (\$)	Remaining (\$)	Maximum (\$)
455.00	4545.00	5000.00

Family Out-of-Network Out-of-Pocket Limit

Applied (\$)	Remaining (\$)	Maximum (\$)
475.00	9525.00	10000.00

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.

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

Coverage

[Member ID Cards](#)

[All Coverages](#)

Group ID	Group Name	Name	Effective Date
12721	WEST BOCA SPORTS MED CTR	ERIC DEAN KLEINHEN (Self)	01/01/2021
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHEN (Married Spouse)	01/01/2021

Member Resources

[View All](#)

[My Wellness](#)
[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](#) [Other](#)

Group ID	Group Name	Name	Effective Date
12721	WEST BOCA SPORTS MED CTR	ERIC DEAN KLEINHEN (Self)	01/01/2021
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHEN (Married Spouse)	01/01/2021

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.

Coverage

 [Member ID Cards >](#)

[All Coverages >](#)

[Medical](#) [Dental](#) [Vision](#) [Rx](#) [Other](#)

Group ID	Group Name	Name	Effective Date
12721	WEST BOCA SPORTS MED CTR	ERIC DEAN KLEINHEN (Self)	01/01/2021
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHEN (Married Spouse)	01/01/2021

 [Find Care >](#) [Plan Docs >](#) [Discounts >](#)

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.

The screenshot shows the Meritain Health Member website. The top navigation bar includes links for Plan, Benefits and Coverage, Claims, Tools and Resources, Find Care, Subrogation, and Submit a Claim. The left sidebar has a dropdown menu with 'Plan Documents' selected. The main content area displays a table with member information and a 'Member Resources' sidebar on the right.

Name	Effective Date
ERIC DEAN KLEINHEN (Self)	01/01/2021
GHOLA KLEINHEN (Married Spouse)	01/01/2021

Member Resources

- My Wellness
- Healthcare Blue Book
- Teladoc
- 24x7 Nurse Line
- 98Point6

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
12721	12721.C03	ERIC DEAN KLEINHEN	Subscriber	SWW HRA	Current	01/01/2021		Medical	12721-0112-SW
12721	12721.C03	ERIC DEAN KLEINHEN	Subscriber	No Info Available	Current	01/01/2021		Dental	12721-0112-SW
12721	12721.C03	ERIC DEAN KLEINHEN	Subscriber	SWW HRA	Current	01/01/2021		Vision	12721-0112-SW
12721	12721.C03	ERIC DEAN KLEINHEN	Subscriber	No Info Available	Current	01/01/2021		Short-term disability	12721-0112-SW

How to View Your Claims

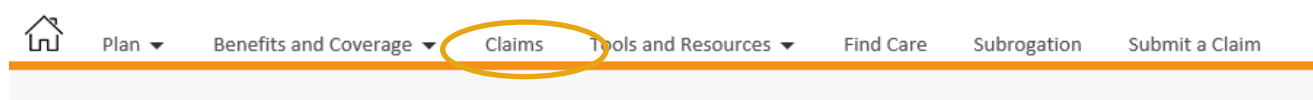
Keeping track of your health care claims is a smart way to track your health care spending. Plus, if you owe any member responsibility, you'll need to be aware.

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.

Claims / Claims Summary

Claims Summary

ERIC DEAN KLEINHEN

Search

Claim Type ☒ Medical ☒ Dental ☒ Vision ☒ Rx	Paid by HRA ☐ Yes ☐ No ☒ Show All	Provider Name Claim Number 	Date of Service From <input type="calendar"/> To <input type="calendar"/> Billed Charges (\$) You May Owe (\$)
--	--	---	---

Claim Status
☒ In process
☒ Processed
☒ Awaiting Information

Clear All Apply

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.

Export Print

Claim Status	Claim Type	Provider Name	Date of Service	Claim Number	Billed Charges	You May Owe	Details
In Process	Medical	COTOIA FRANKLIN	01/05/2021	DB90376	\$75.00		View
Processed	Medical	COTOIA FRANKLIN	01/03/2021	DB90363	\$165.00	\$20.00	View
In Process	Medical	COTOIA FRANKLIN	01/02/2021	DB90361	\$100.00		View
In Process	Vision	LEE-MOY	01/01/2021	DB13736	\$185.00		View
In Process	Medical	COTOIA FRANKLIN	01/01/2021	DB90347	\$250.00		View
In Process	Medical	BRUMMETT-OHARE	12/31/2020	DG3TA64	\$189.00		View
In Process	Medical	BRUMMETT-OHARE	12/31/2020	DG3TA65	\$228.00		View
In Process	Medical	BRUMMETT-OHARE	12/31/2020	DG6PH05	\$1216.00		View
Processed	Medical	KIM MATT	01/15/2019	BZ89063	\$500.00	\$0.00	View
Processed	Medical	KIM MATT	01/15/2019	BZ89032	\$500.00	\$0.00	View

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

Group ID	12721	Address 1	1911 SW CAMPUS DR
Subscriber	ERIC DEAN KLEINHEN	Address 2	
Patient Name	ERIC DEAN KLEINHEN	City	SAN DIEGO
Patient Account Number		State/Province	CA
Provider Name	FRANKLIN COTOIA	Zip Code	92130-2302

Payment Information

You May Owe

Billed Charges \$75.00

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

Processed Date	03/08/2021
Paid Date	03/01/2021
Paid Amount	
Check Number	
Paid to	FRANKLIN COTOIA
Paid to Address1	1911 SW CAMPUS DR
Paid to Address2	
Paid to City	SAN DIEGO
Paid to State	CA
Paid to Zip Code	92130-2302

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.

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

Claim Information

Group ID	12721	Address 1	1911 SW CAMPUS DR
Subscriber	ERIC DEAN KLEINHEN	Address 2	
Patient Name	ERIC DEAN KLEINHEN	City	SAN DIEGO
Patient Account Number		State/Province	CA
Provider Name	FRANKLIN COTOIA	Zip Code	92130-2302

Payment Information

\$

You May Owe
20.00

Billed Charges \$165.00

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

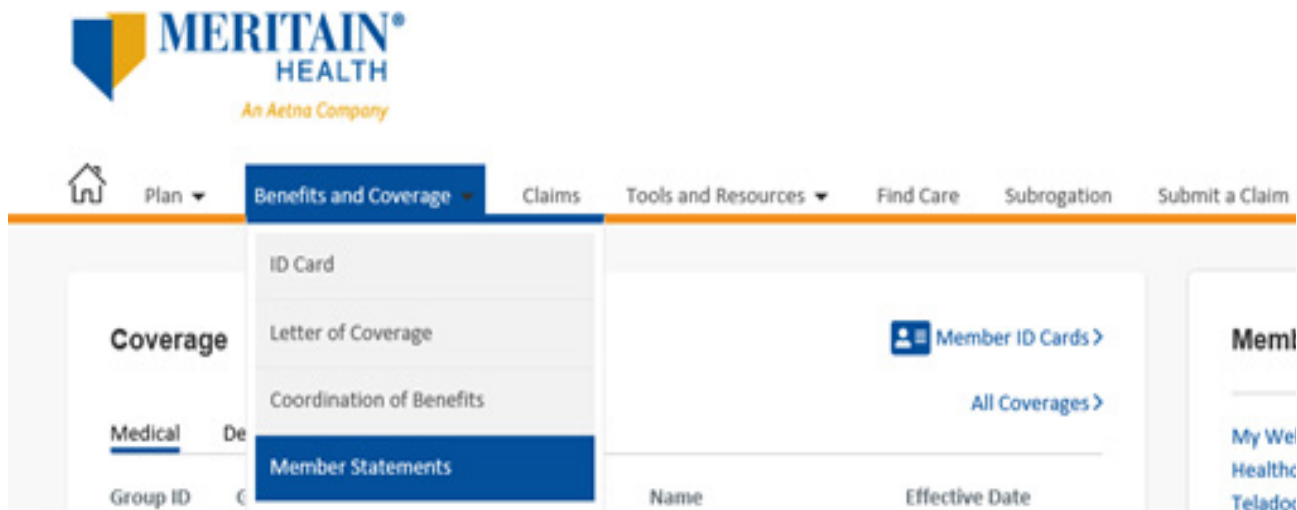
Processed Date	03/01/2021
Paid Date	02/28/2021
Paid Amount	\$165.00
Check Number	59811129
Paid to	FRANKLIN COTOIA
Paid to Address1	1911 SW CAMPUS DR
Paid to Address2	

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 home page. Then, select the Member Statement option in the drop-down.



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 produced typically on the 20th of the month following for activity in the previous month. As this is a new service, statements will only be available from August 2020 forward for viewing on the portal.

Month	Year	Group ID	Monthly Statement
May	2021	12721	52021-Monthly Statement

Showing 1-1 of 1 results

Sample statement.

MERITAIN[®] HEALTH
An Aetna Company
P.O. Box 27267
Minneapolis MN 55427

THIS IS NOT A BILL

Statement Period: 12/01/2014 - 12/31/2014 Print Date: 01/15/2015

Customer Service Information

For an Explanation of Benefits, specific information regarding your benefit plan coverage, and additional health and cost savings information, logon to www.myMERITAIN.com or contact Customer Service at the phone number on the back of your Member ID card.

Did You Know?

Boost your health with winter vegetables!
Try winter squash, full of vitamins A and C.
Add kale or cabbage to salads or soups.
Artichokes make a tasty side dish to most meals.

Forwarding Service Requested

*****SINGLP
5 1 SP
JOHN A SAMPLE
1234 MAIN ST
ANYTOWN AZ 85000-1234

Health Statement Summary

Summary of Claims Paid 12/01/2014 - 12/31/2014		Plan Year Deductibles 01/01/2015 - 12/31/2015	
Paid by Health Coverage	\$732.61	Beginning	In-Network: \$300.00 Out-of-Network: \$600.00
Patient Responsibility	\$143.22	Remaining	\$0.00
		Beginning	In-Network: \$300.00 Out-of-Network: \$600.00
		Remaining	\$0.00

Monthly Claim Detail

Patient Name	Claim Number	Date of Service	Provider Name	Service Type	Billed Amount	Covered Amount	Applied to Deductible	Paid by Health Coverage	Patient Responsibility
JOHN A	0VL9999	10/25/2014	SAMPLE RADIOLOGY LLC	Medical	\$307.00	\$114.17	\$0.00	\$99.60	\$15.67
JOHN A	0XE8888	08/22/2014	MT SAMPLE REGIONAL	Medical	\$577.00	\$461.50	\$0.00	\$369.25	\$92.32
JOHN A	0XP7777	11/20/2014	BROWN MD	Medical	\$254.00	\$112.21	\$0.00	\$101.95	\$10.23
JOHN A	0XR9999	11/04/2014	JOE WHITE DC	Medical	\$90.00	\$45.00	\$0.00	\$20.00	\$25.00
JOHN A	0ZN8888	10/25/2014	ANYTOWN PATHOLOGISTS	Medical	\$178.44	\$142.75	\$0.00	\$142.75	\$0.00

You Should Know

The following language is required by law and is for informational purposes only. This language is intended to assist those plan participants who may not speak English as their predominant language.

SPANISH (Español): Para obtener asistencia en español, por favor póngase en contacto con el número de teléfono que aparece arriba.

TAGALOG (Tagalog): Kung kailangan ninyo ng tulong sa Tagalog, mangyaring tumawag sa numero na nasa itaas.

CHINESE (Chinese): 如需中文帮助, 请拨打上方电话号码。

HAWAIIAN (Hawaiian): 如需中文帮助, 请拨打上方电话号码。

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.

[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 12721	Group Name WEST BOCA SPORTS MED CTR	Name ERIC DEAN KLEINHEN (Self)	Effective Date 01/01/2021	
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHEN (Married Spouse)	01/01/2021	

Member Resources

[View All >](#)

[My Wellness](#)
[Healthcare Blue Book](#)
[Teladoc](#)
[24x7 Nurse Line](#)
[98Point6](#)

Meritain Health Member User Guide

22

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

Coverage

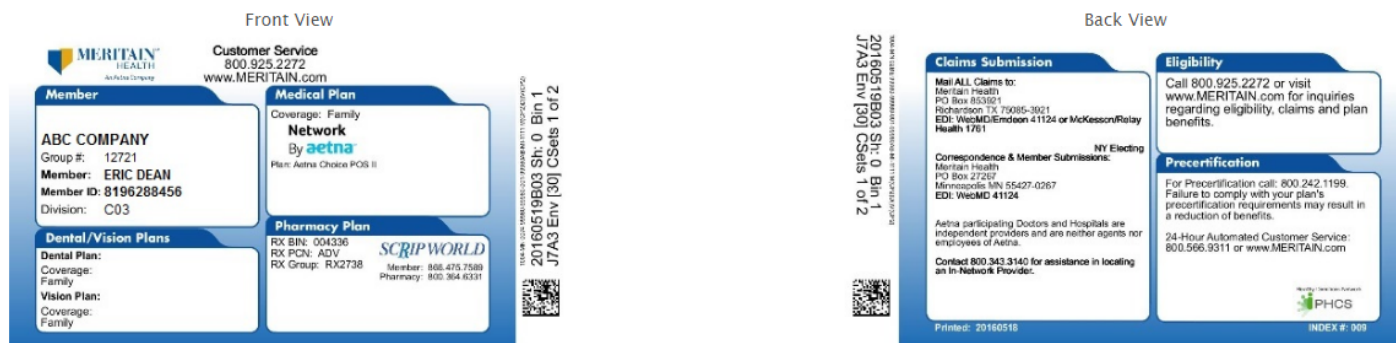
Medical Dental Vision Rx Other

Group ID	Group Name	Name	Effective Date
12721	WEST BOCA SPORTS MED CTR	ERIC DEAN KLEINHEN (Self)	01/01/2021
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHEN (Married Spouse)	01/01/2021

Member ID Cards >

All Coverages >

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.



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 *

demo@meritain.com

Disclaimer

☒ 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 *

Cancel

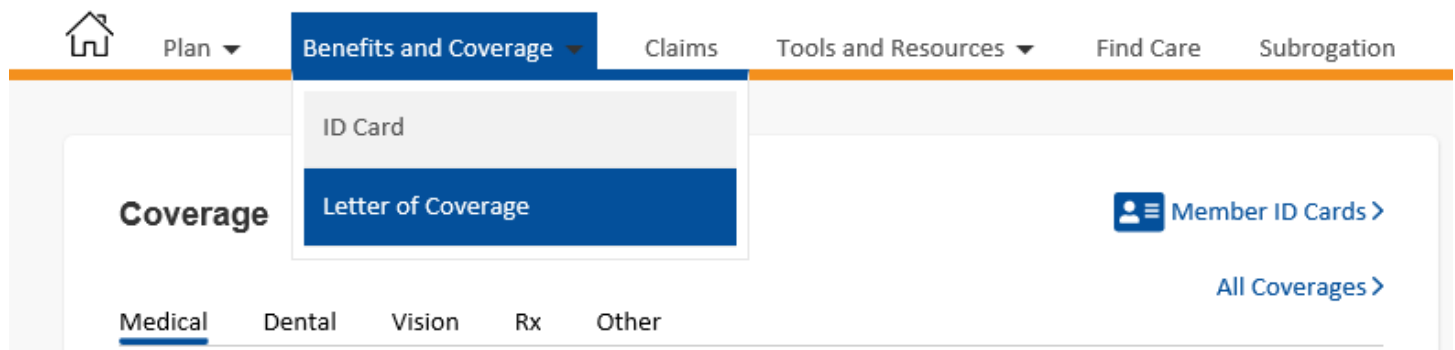
Submit

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*.



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

Benefits and Coverage / Letter of Coverage

Letter of Coverage

 Letter of Coverage

Please choose how you would like to receive the Letter of Coverage:

☒ Email ☐ Download and Print PDF ☐ Order by Mail ☐ Fax

Email Letter of Coverage
Enter Email Address*

Disclaimer
 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*

Tools and Resources

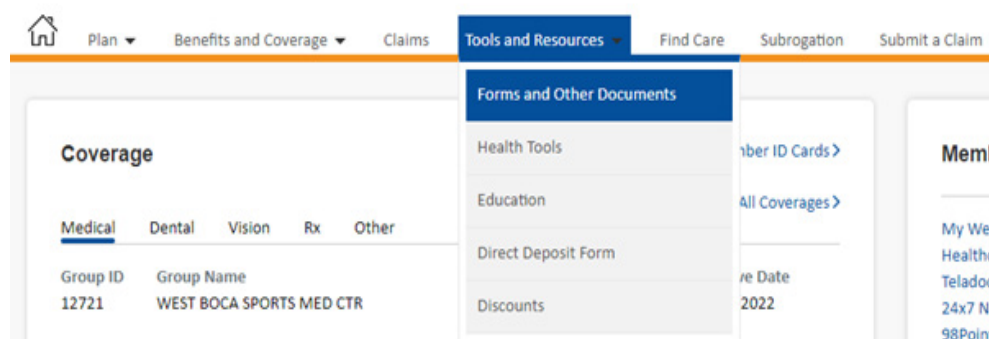
The Tools and Resources feature has five sub-sections, members can access, depending on permissions.

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

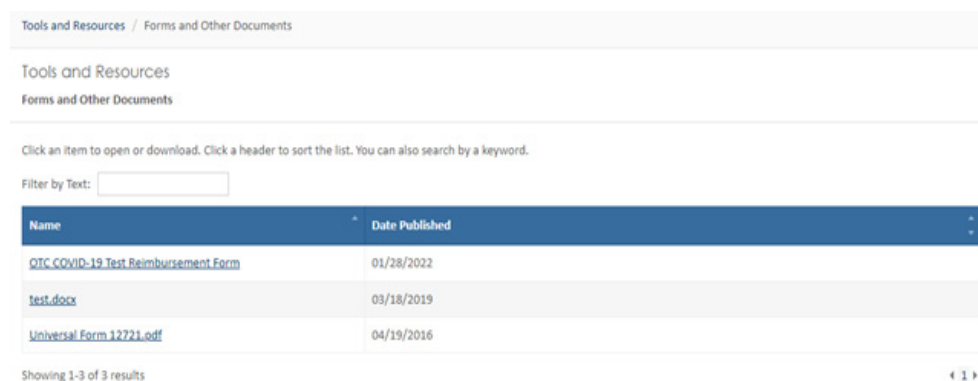
Forms and Other Documents

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 home page 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.



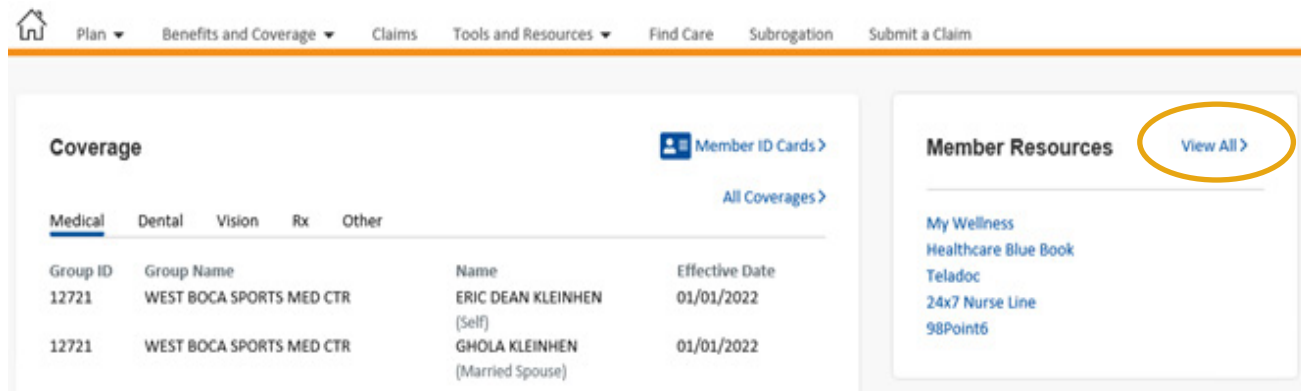
Then, open or download the document.



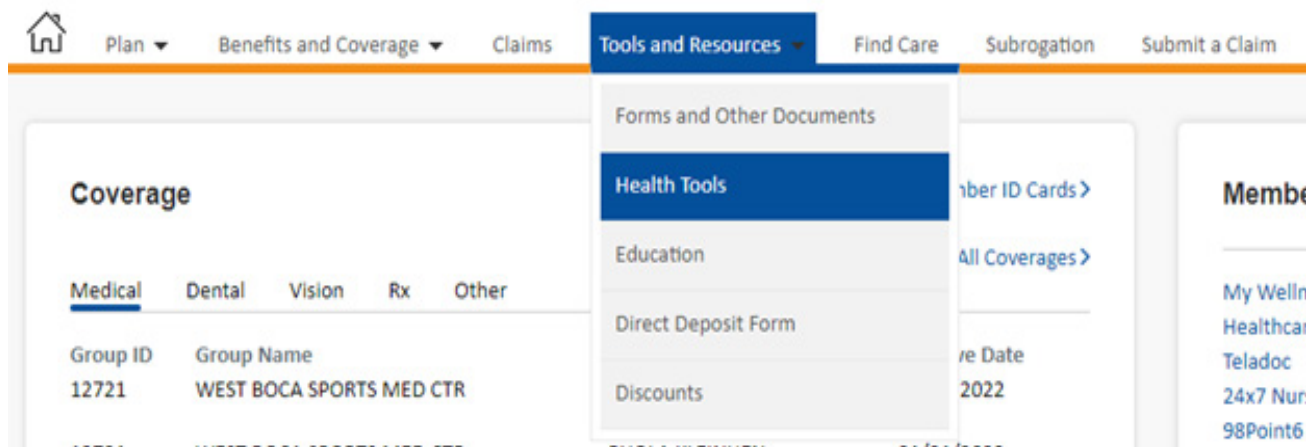
Health Tools

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

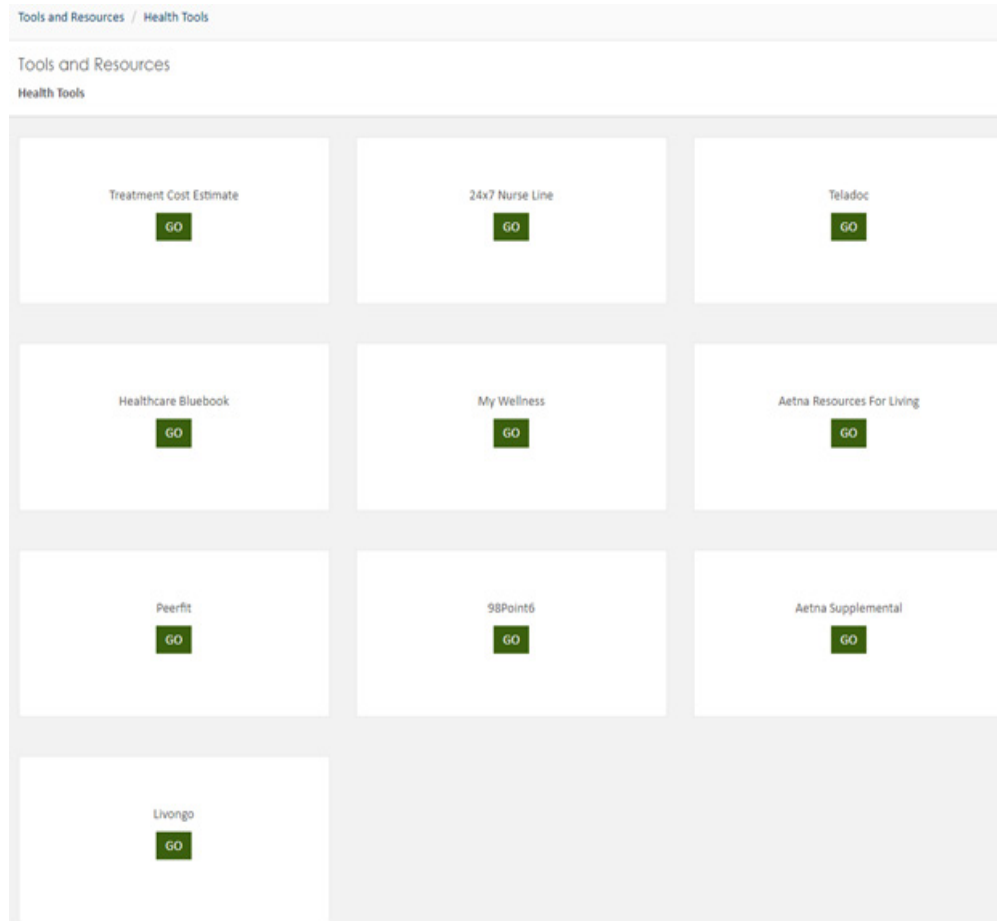
From your home page, click on the *View All* link on the top right-hand corner of the Member Resources section.



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*.



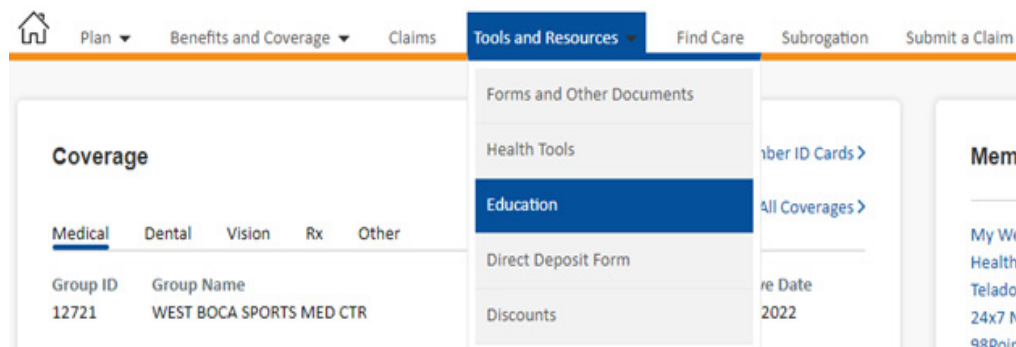
The links available to you will appear. To make a selection, please click *Go* on the link of your choice.



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.

Tools and Resources / Education

Tools and Resources

Education

Click an item to open or download. Click a header to sort the list. You can also search by a keyword.

Filter by Text:

Name	Date Published
Meritain_Form_COVID-OTC-Test-Claim-Reimbursement_Fillable_0122.pdf	01/28/2022
test.docx	03/18/2019
Test.docx	08/11/2022

Showing 1-3 of 3 results

You can then open or download the document.

 test.docx

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*.

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

Coverage

Medical Dental Vision Rx Other

Group ID: 12721 Group Name: WEST BOCA SPORTS MED CTR

Forms and Other Documents

Health Tools

Education

Direct Deposit Form

Discounts

Member ID Cards >

All Coverages >

My We Health Telado 24x7 N 98Poin

Select your request type from the drop-down.

Home / Direct Deposit Form

Direct Deposit Form

Request Type:*

Choose type of request...
Choose type of request...
New
Change
Cancellation

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

9/6/2022

Submit

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 home page.

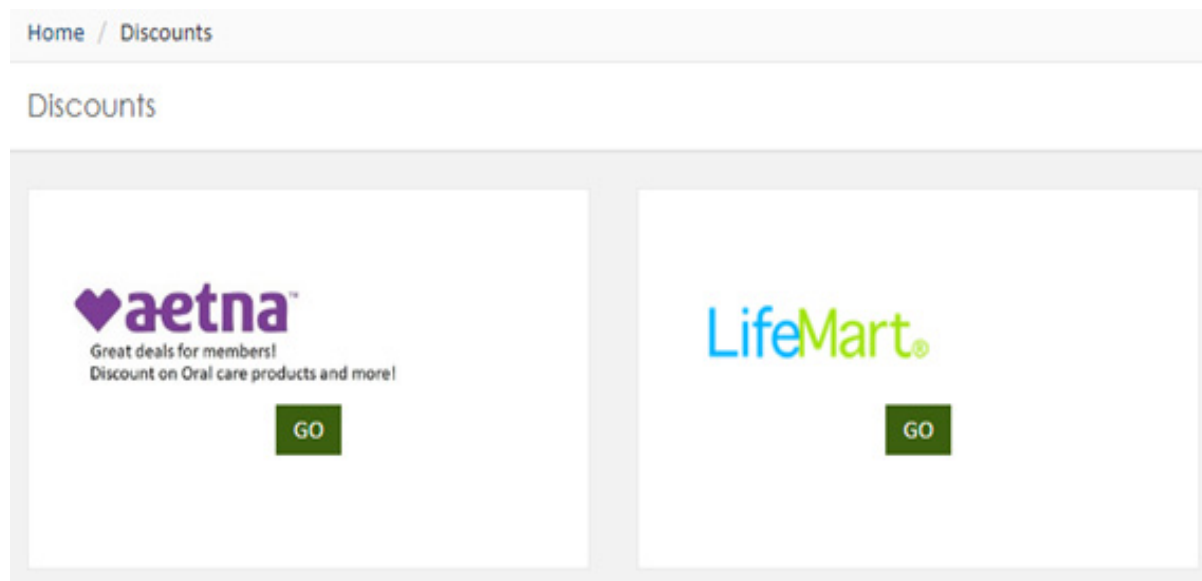
The screenshot shows the Meritain Health Member User Guide homepage. The navigation bar at the top includes a home icon, a dropdown menu with 'Plan', 'Benefits and Coverage', 'Claims', 'Tools and Resources', 'Find Care', 'Subrogation', and 'Submit a Claim'. Below the navigation bar, there is a 'Coverage' section with tabs for 'Medical', 'Dental', 'Vision', 'Rx', and 'Other'. The 'Medical' tab is selected, showing a table with columns for 'Group ID', 'Group Name', 'Name', and 'Effective Date'. The table lists two entries for 'WEST BOCA SPORTS MED CTR' with names 'ERIC DEAN KLEINHEN (Self)' and 'GHOLA KLEINHEN (Married Spouse)', both with an effective date of '01/01/2022'. To the right of the table, there are links for 'Member ID Cards >' and 'All Coverages >'. Below the table, there is a row of four icons: 'Find Care >', 'Treatment Cost Estimate >', 'Plan Docs >', and 'Discounts >'. The 'Discounts >' link is circled in orange.

Group ID	Group Name	Name	Effective Date
12721	WEST BOCA SPORTS MED CTR	ERIC DEAN KLEINHEN (Self)	01/01/2022
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHEN (Married Spouse)	01/01/2022

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

The screenshot shows the Meritain Health Member User Guide homepage with the 'Tools and Resources' dropdown menu open. The dropdown menu lists several options: 'Forms and Other Documents', 'Health Tools', 'Education', 'Direct Deposit Form', and 'Discounts'. The 'Discounts' option is highlighted in blue. The background shows the same 'Coverage' section as the previous screenshot, but the 'Discounts >' link in the bottom row is not circled.

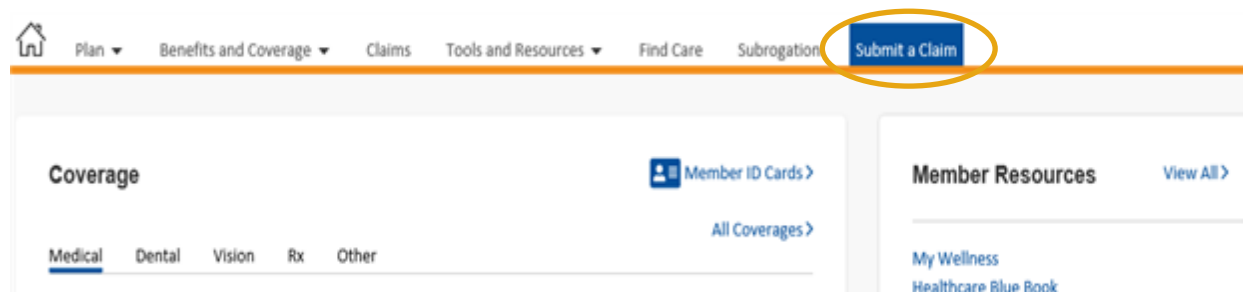
The discounts will appear, and you can select your choice by clicking **Go**.



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*.

Home / Submit a Claim

Submit a Claim

Claim Submission Selection

The patient is *

Choose patient... ▼

Claim type

General Medicine ▼

Select

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.

Claim Submission Selection

The patient is *

Choose patient... ▼

Claim type

COVID-19 Pop-Up Test Reimbursement ▼

Select

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.

* Indicates required fields

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.

Claim Type Information

Claim Type: COVID-19 Pop-Up Test Reimbursement
Patient Name: ERIC DEAN KLEINHEN (05/15/1956)

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

9/21/2022

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.

Coverage

[All Coverages >](#)

[Medical](#) [Rx](#) [Other](#)

Group ID	Group Name	Name	Effective Date
16501	WEST COAST BEHAVIORAL HEALTH LLC	JANG MARCHIONE (Self)	01/01/2021

 [Find Care >](#) [Plan Docs >](#) [Discounts >](#)

Claims

[Update Other Insurance Info >](#)
[View All Claims >](#)

No claims to display.

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

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

[Coordination of Benefits](#)

Coverage

[All Coverages >](#)

[Medical](#) [Rx](#) [Other](#)

Group ID	Group Name	Name	Effective Date
16501	WEST COAST BEHAVIORAL HEALTH LLC	JANG MARCHIONE (Self)	01/01/2021

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
JANG MARCHIONE	Employee	Medical	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

Medicare / Medicaid Information

Is the subscriber covered by Medicare? *

☐ Yes ☐ No

Is the subscriber covered by Medicaid? *

☐ Yes ☐ No

Cancel

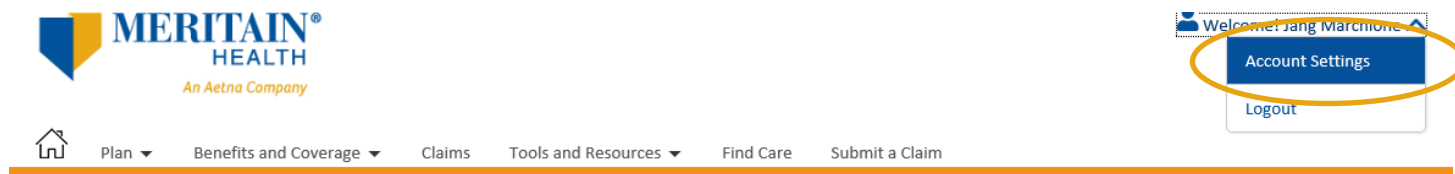
Next

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!

[Update Account Information](#) [Update User Information](#) [Update Communication Preferences](#) [Update HIPAA Authorization Settings](#)

Update Account Information

Full Name

ERIC DEAN KLEINHEN

Password

Current Meritain Connect Password

.....

[Edit](#)

Security Question and Answer

Security Question

Security Answer

[Edit](#)

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.

Current Website Account Email

8073000016@M.com

[Edit](#)

Electronic Communications Email

This email address will be used for general communications regarding requests made on the website, or for notifications regarding your claims.

Current Electronic Communications Email

[Edit](#)

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*

Cancel

Save Changes

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

Update Account Information

Update User Information

Update Communication Preferences

Update HIPAA Authorization Settings



Update User Information

Edit

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

First Name

ERIC DEAN

Middle Initial

Last Name

KLEINHEN

Phone Number (optional)

888-888-8888

Phone Number Type

Mobile



Address1

9410 N 31ST AVE

Address2

Country

UNITED STATES OF AMERICA



City

BELLEVILLE

State

ILLINOIS



Zip Code

62223-3207

Your request was submitted successfully. You'll receive an email when it's approved or denied. [View Request.](#)



Update User Information

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

First Name*

ERIC DEAN

Middle Initial

Last Name*

KLEINHEN

Phone Number (optional)

888-888-8888

Phone Number Type

Mobile



Address1*

123 N 31ST AVE



Address2

Country*

UNITED STATES OF AMERICA



City*

BELLEVILLE

State*

ILLINOIS



Zip Code *

62223-3207

Current Meritain Connect Password*

Reset

Submit Changes

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.

The screenshot shows the Meritain Health member dashboard. At the top, the Meritain Health logo is on the left, and navigation links for Messages and Links, and a welcome message for Eric Dean Kleinhenn are on the right. Below the header is a navigation bar with links: Plan, Benefits and Coverage, Claims, Tools and Resources, Find Care, Subrogation, and Submit a Claim. The Find Care link is circled in orange. The main content area is divided into three sections: Coverage, Member Resources, and Out-of-Pocket Expenses. The Coverage section has tabs for Medical, Dental, Vision, Rx, and Other. The Member Resources section lists links for My Wellness, Healthcare Blue Book, Teladoc, 24x7 Nurse Line, and 98Point6. The Out-of-Pocket Expenses section has tabs for Medical and Dental. At the bottom of the dashboard, there are three icons: Find Care (circled in orange), Plan Docs, and Discounts.

Coverage [Member ID Cards >](#)

[All Coverages >](#)

Medical Dental Vision Rx Other

Group ID	Group Name	Name	Effective Date
12721	WEST BOCA SPORTS MED CTR	ERIC DEAN KLEINHEN (Self)	01/01/2021
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHEN (Married Spouse)	01/01/2021

Member Resources [View All >](#)

[My Wellness](#)
[Healthcare Blue Book](#)
[Teladoc](#)
[24x7 Nurse Line](#)
[98Point6](#)

Out-of-Pocket Expenses [View All >](#)

Medical Dental

[Find Care >](#) [Plan Docs >](#) [Discounts >](#)

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

This screenshot is identical to the one above, showing the Meritain Health member dashboard. The only difference is that the Find Care link in the top navigation bar is circled in orange, instead of the Find Care icon in the bottom navigation bar.

Coverage [Member ID Cards >](#)

[All Coverages >](#)

Medical Dental Vision Rx Other

Group ID	Group Name	Name	Effective Date
12721	WEST BOCA SPORTS MED CTR	ERIC DEAN KLEINHEN (Self)	01/01/2021
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHEN (Married Spouse)	01/01/2021

Member Resources [View All >](#)

[My Wellness](#)
[Healthcare Blue Book](#)
[Teladoc](#)
[24x7 Nurse Line](#)
[98Point6](#)

Out-of-Pocket Expenses [View All >](#)

Medical Dental

[Find Care >](#) [Plan Docs >](#) [Discounts >](#)

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

Find Care

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

Network	Network Type	Effective From
AETNA DENTAL ACCESS/ADMIN	Dental	01/01/2021
AETNA OPEN CHOICE PPO	Medical	01/01/2021

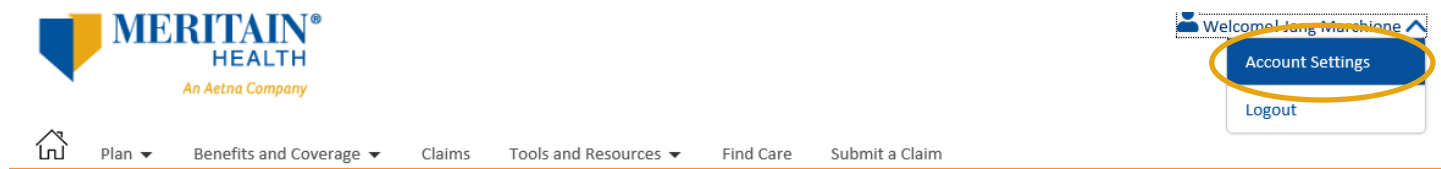
Showing 1-2 of 2 results

◀ 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*.



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



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)

888-888-8888

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.

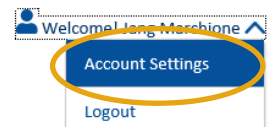
To sign up for the electronic notifications of when a claim is processed to , please click the "I agree" button below.

Cancel

I Agree

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*.



Plan ▼

Benefits and Coverage ▼

Claims

Tools and Resources ▼

Find Care

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

:

Jane Doe

Member ID

:

1234567891

Group ID

:

123456

Division / Department

:

12345-6

Date of Birth

:

01/01/1965

Email

:

jdoe@aol.com

HIPAA Settings Table

Export   Print 

Member ID	First Name	Last Name	Date of Birth	Member Type (Subscriber or Dependent)	Authorization to view my Protected Health Information	Expiration Date	Access
1234567891	Jane	Doe	01/21/1963	Dependent	No	-	Grant Access

HIPAA Authorization to Disclose Protected Health Information

Jane Doe 12345678

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	Jane Doe
Member ID	1234567891
Group ID	12719
Division / Department	12345-6
Date of Birth	01/01/1965
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!

Follow us:  @meritainhealth |  Meritain Health

www.meritain.com | © 2022–2023 Meritain Health, Inc.

