



GETTHEALTH MERP CLAIM FORM INSTRUCTIONS

HOW TO FILL OUT YOUR MEDICAL CARE EXPENSE CLAIM FORM

Follow this process:

- 1) Complete the attached GettHealth MERP Claim Form.
- 2) Fax **Completed Claim form** and **Explanation of Benefits (EOBs)** to:
 - a. Local: 717-334-8860
 - b. Toll-free: 888-298-1591

OR IF FAX IS UNAVAILABLE, MAIL TO:

- 3) Send **Completed Claim Form** and **Explanation of Benefits (EOBs)** to:

Gettysburg Health Admin
Attn: MERP Administrator
P.O. Box 1978
Frederick, MD 21702

For Customer Service, you contact Getthealth through the following:

Phone: 888-298-1590
Email: merp@getthealth.com

