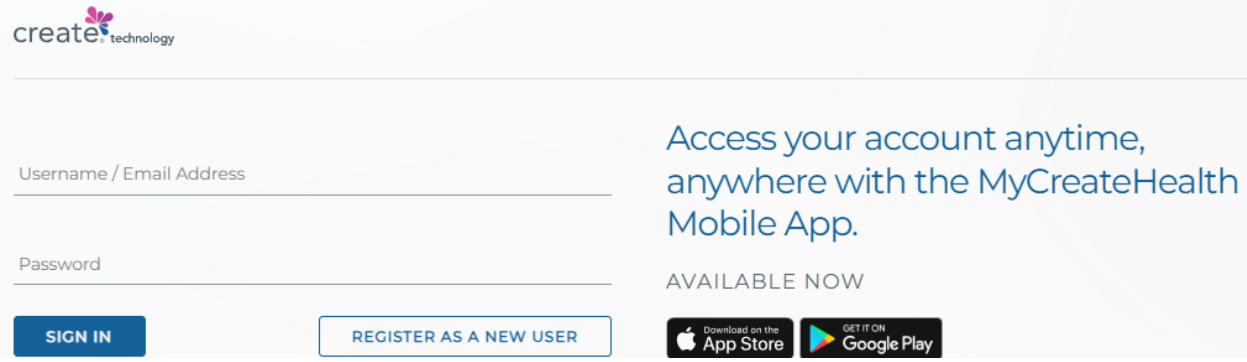
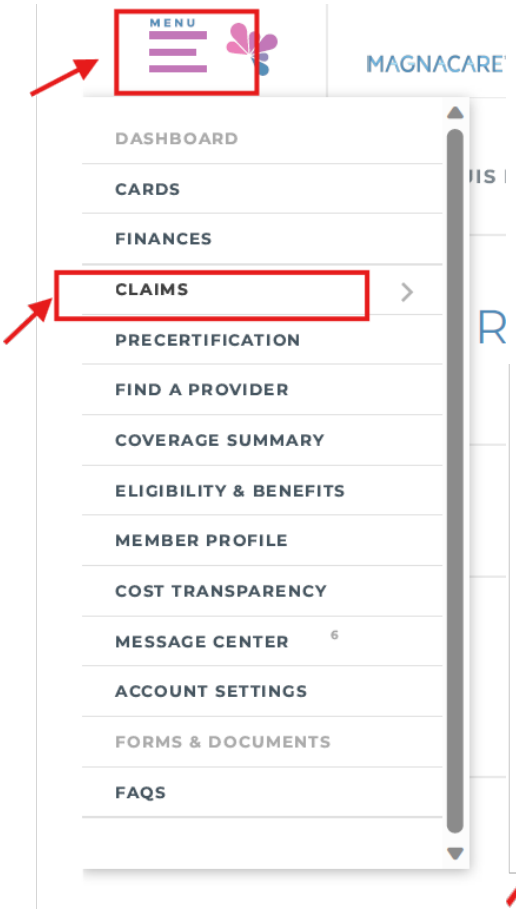
FOLLOW THESE STEPS TO PRINT REPORT FOR EASY MRA SUBMISSION
GO TO: www.mycreatehealth.com

YOU WILL NEED TO REGISTER, IF NOT ALREADY AN USER. FOLLOW STEPS TO REGISTER, ONCE REGISTERED, YOU CAN LOG IN ON THE WINDOW BELOW:

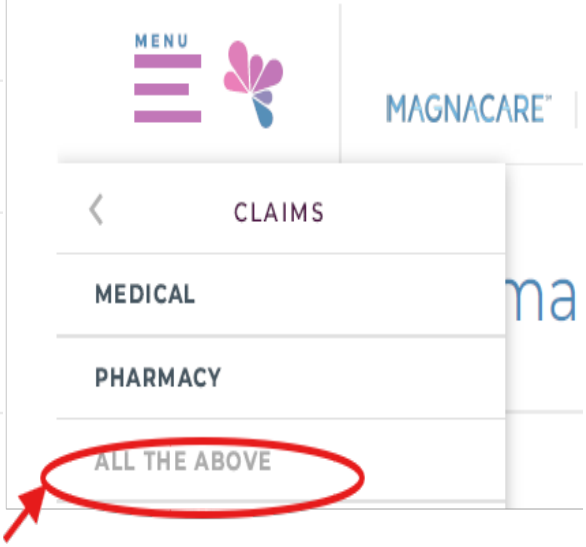
STEP 1



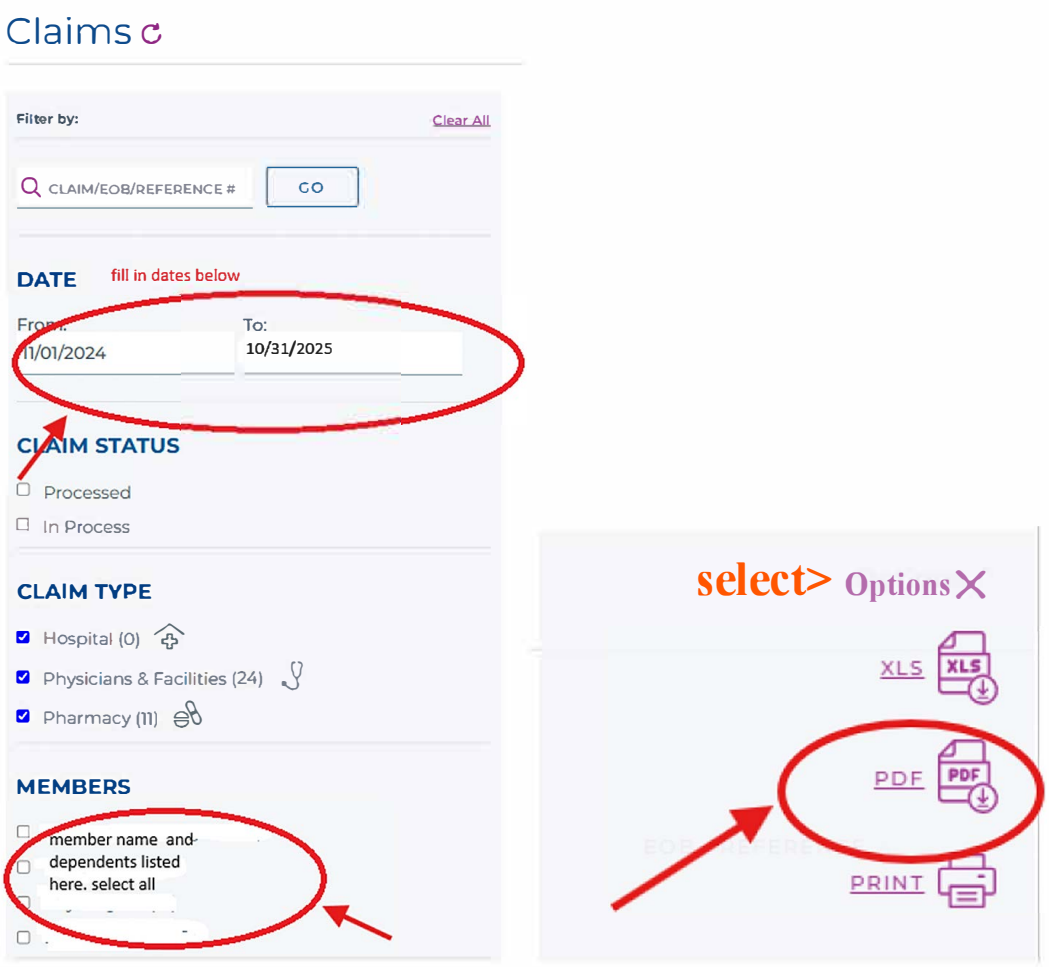
STEP 2



STEP 3



STEP 4- select dates for report, then click on options, and select pdf.



This is a sample of the report that should be submitted with your MRA:

create technology

Claims

CLAIM TYPE: Hospital, Physicians & Facilities, Pharmacy DATE FROM: 11/01/2024 DATE TO: 10/31/2025

TYPE	CLAIM ID	DATE	MEMBER	FACILITY / PHYSICIAN / MERCHANT	BILLED AMT	PLAN PAID / REFUND	YOUR COST	STATUS
Pharmacy		09/11/2025	Spouse	Protected For Patient Privacy	$2.48	$1.49	$0.99	Processed
Medical		09/10/2025	Dependent 2	MD- Pediatric	$828.00	$215.51	$0.00	Processed
Medical		08/25/2025	Dependent 1	Laboratories	$1,156.00	$384.75	$25.00	Processed
Medical		08/25/2025	Dependent 1	MD- Pediatric	$520.00	$98.97	$0.00	Processed
Medical		08/23/2025	Member	Exam-imaging provider	$1,440.00	$587.43	$0.00	Processed
Medical		08/23/2025	Member	Exam-imaging provider	$1,221.00	$469.75	$25.00	Processed
Medical		08/22/2025	Member	Specialist-Carciologist	$1,514.00	$573.41	$35.00	Processed