

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



Username / Email Address

Password

SIGN IN

REGISTER AS A NEW USER

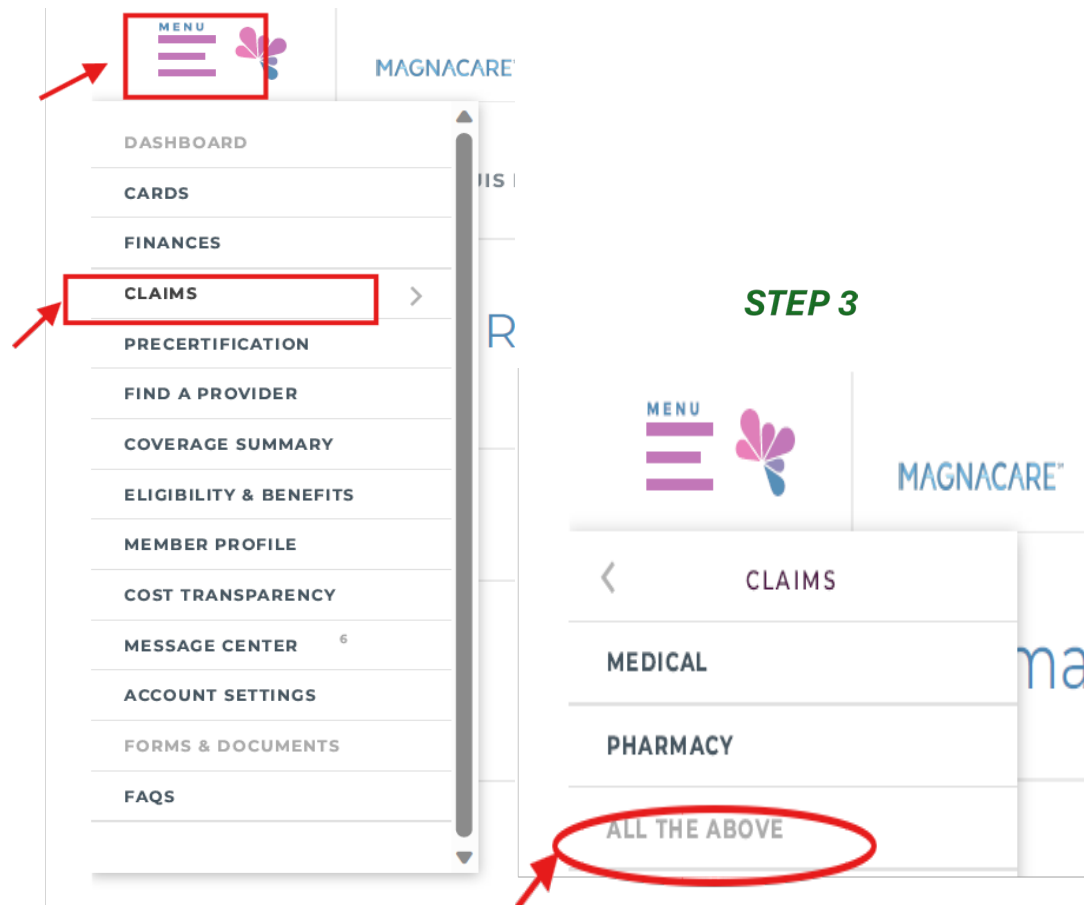
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STEP 2



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

Claims

Filter by: [Clear All](#)

CLAIM/EOB/REFERENCE #

DATE fill in dates below

From: To:

CLAIM STATUS

☐ Processed

☐ In Process

CLAIM TYPE

☒ Hospital (0)

☒ Physicians & Facilities (24)

☒ Pharmacy (11)

MEMBERS

☐ member name and dependents listed here. select all

select> Options X

[XLS](#)

[PDF](#)

[PRINT](#)

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



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		09/13/2025	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		08/23/2025	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-Carcinologist	\$1,514.00	\$573.41	\$35.00	Processed