



CROWN
ADMINISTRATORS

Member Portal for Altrua HealthShare

Instructions for use

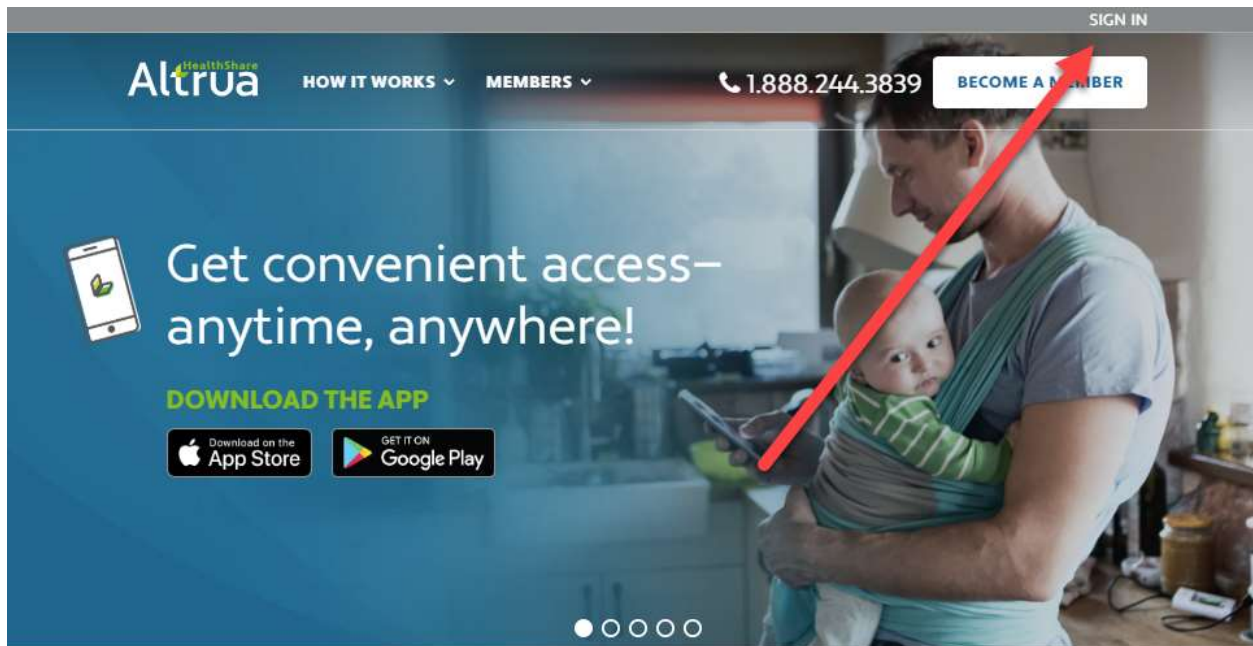
4/4/2019

Rev1.2

The following pages will detail for you the features and functions available to Members of an Altrua HealthShare Plan through their online Portal.

Logging in.

To login to the portal use Google Chrome as your internet browser and enter the following URL <https://altruahealthshare.org/> While other browsers will work the experience is optimized for the Google Chrome browser. Once the page loads you will need to click on the “SIGN IN” link located in the upper right hand corner of the home page:



Thousands of individuals, families and organizations rely on each other for the needs.

 ↔  ↔

[SEE HOW IT WORKS](#)

Find out how much your family could save—NO OBLIGATION!

First Name*

Last Name*

Email*

Phone*

[SUBMIT](#)

[Live Chat](#)

This will take you to the login screen below

Sign In

If you are already a member please enter your username and password below to login to your Portal. Your username is typically the email address used to create your account. If you are not a member please click register below to fill out an application.



[Forgot Password?](#)

To ensure a smooth enrollment experience please use Firefox or Chrome browsers.

Register

Sign In

If you are having login difficulties please call us at 888-244-3839 M-F 8 AM – 6 PM CST.

Your username and password is set by you when you begin the enrollment process, you can click the forgot password button to reset it at anytime, only you will ever know your password, no employee of Altrua will ever ask for it. Simply enter the information above and click on the “Sign In” link.

Portal Features

You will then be authenticated to access the portal features:

1. Submit a Needs Processing Form – If your provider billed you directly you will need to fill out and submit the information contained on this form.
2. Dashboard – Shows your Contribution Amount, Plan details, Spouse and Dependents along with any limitations on your current plan
3. Profile – Allows you to update your name, address, email and phone number
4. Contributions – Here you can see any contributions that have been made, update your contribution method, make a donation or a one time contribution.
5. Change Membership Plan Type – Here you can change from one plan to another
6. Temporary Membership Card – Quickly print off a new membership card.
7. Needs Processing Form – A PDF of the electronic form
8. Membership Guidelines – A link to the current and past membership guidelines.

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9. IRS Form 8965 – Link to the IRS PDF for submitting Health Coverage Exemptions to the IRS
10. AHS billing Information – A link to a PDF form to update a members billing information, they can also do this in their own portal for faster and more convenient access.
11. Maternity Forms – A link to forms needed when a Member is starting the maternity process to ensure they receive the services they need.
12. Membership Commitment Form – A link to the form required for members to sign to be an active member of an Altrua HealthShare plan
13. Membership Update Form – A link to the PDF to update information about a member, can also be done in the members portal for faster and more convenient access.
14. Resources – A link back to the Altruahealthshare.org website
15. Download Application – A link to the PDF application when you initially signed up.
16. Add or Remove Dependent – A quick way to add or remove a dependent on your plan
17. Cancel Membership – the form to fill out should you wish to cancel your membership.

Signed in As: [Name]
Sign Out

Profile Information

Review your profile.

Member id

.000

Username

.com

[Change Password](#)

- 1 [Submit a Needs Processing Form](#)
To process medical needs for all accidents and injuries, members must complete and submit this form.
- 2 [Dashboard](#)
- 3 [Profile](#)
- 4 [Contributions](#)
- 5 [Change Membership Plan Type](#)
- 6 [Temporary Membership Card](#)
- 7 [Needs Processing Form](#)
- 8 [Membership Guidelines](#)
- 9 [IRS Form 8965](#)
- 10 [AHS Billing Information](#)
- 11 [Maternity Form](#)
- 12 [Membership Commitment Form](#)
- 13 [Membership Update Form](#)
- 14 [Resources](#)
- 15 [Download Application](#)
- 16 [Add or Remove Dependent](#)
- 17 [Cancel Membership](#)

HouseHold Contact

Email Address

Mailing Address

Phone

TX 115A

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Dashboard

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Hi, John.

Your membership status is Active and in good standing.

Contribution Amount

\$538.00

Membership

Head of Household
John

Effective Date
Jan 1, 2018

Dependents
Spouse

Children

Plan
Gold2019
Household
Family

Limitations

A specified medical condition for which medical needs arising from or associated with the condition are ineligible.
An associated condition is one that is caused directly and primarily by the medical condition that is specifically ineligible. The membership limitation is issued during the application process, and may be subject to medical record review. Membership limitations (excluding cancer) do not apply to office visits/urgent care.

had Herniated
disc in back (Left) within last 10
years.

is not a covered
medical need under the
membership.

Signed in As

Sign Out

Submit a Needs Processing Form

To process medical needs for all accidents and injuries, members must complete and submit this form.

Dashboard

Profile

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Change Membership Plan Type

Temporary Membership Card

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Membership Update Form

Resources

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Add or Remove Dependent

Cancel Membership

CONTRIBUTIONS

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Contribution

Please review the requested monthly contribution amounts.

Please call us at 1.888.244.3639 if you have any questions about monthly contributions.

[Create Recurring Contribution](#)

[Make a Donation](#)

This will allow you to make a one time Donation to the Ministry (this is not your monthly/yearly contribution).

[One Time Contribution](#)

This is your monthly contribution.

Click the Order Name field for each row to see the payments made in each order.

ORDER NAME	# OF PAYMENTS	AMOUNT	GATEWAY DATE	PAYMENT METHOD	PAYMENT STATUS	FREQUENCY	PAYMENT STATUS	ACTION
ORD-00003762	1	\$681.00	Mar 21, 2018	Check		Once	Approved	
ORD-00003761	5	\$556.00	Jul 5, 2018	Check	Complete	Monthly	Error	

Signed in As:

[Sign Out](#)

[Submit a Needs Processing Form](#)

To process medical needs for all accidents and injuries, members must complete and submit this form

[Dashboard](#)

[Profile](#)

[Contributions](#)

[Change Membership Plan Type](#)

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