



A UnitedHealthcare Company

Over-the-counter (OTC) at-home COVID-19 test kit reimbursement form

This form is to request reimbursement for U.S. Food and Drug Administration (FDA) authorized over-the-counter at-home COVID-19 tests that may be covered under your medical plan purchased on or after January 15, 2022.

- This form is for OTC COVID-19 test kits purchased by you.
- Print your responses in black or blue ink. You can also complete the form using a computer and print and mail us the completed form.
- Include proof of payment (such as a paid receipt) that includes the name of the test kit along with this completed form. If we don't receive the required information, your request will not be processed.
- Send the completed form and proof of payment to the address on the back of your health plan ID card.

Subscriber/policyholder information

Full name _____

Member ID _____ Plan/group # _____

Date of birth ____ / ____ / ____

Address _____

City _____ State _____ ZIP _____

Is this a new address? Yes No

Phone number (_____) _____

Email address _____

Information about your OTC COVID-19 test kit

Enter how many individual tests were purchased? _____

Note: Many COVID-19 tests are sold as a 2-pack. For each 2-pack, the total number of individual tests purchased would equal 2.

Name of the FDA authorized test kit purchased (e.g., BinaxNOW, QuickVue, Intelliswab, etc.) _____

Amount you paid for the COVID-19 over-the-counter at-home test kit(s) including any applicable sales tax: \$ _____

Purchase date(s) ____ / ____ / ____

(More information on back)

Member signature

Signature _____

Date _____

/ /

When I sign above, I am stating that the information above is correct. Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Ready to send the completed form?

Before mailing in your form, make sure you:

- Complete and sign the form
- Include proof of payment, such as a paid receipt
- Keep a copy of everything you send us

Please send the completed form and proof of payment to the address on the back of your health plan ID card.



Questions? We're here to help.

If you have any questions, please call the customer service phone number on your member ID card.