At-Home COVID-19 Testing

PriorityHealth

Member Reimbursement Form

Complete this form for repayment of money spent for an at-home COVID-19 test. To receive reimbursement, please read the following:

- The test must be approved by the Food and Drug Administration (FDA).
  - Check the FDA-approved test list.
- The purchase of the test must be on or after 1/15/2022.
- You have one year from the date of purchase to submit for reimbursement.
- Reimbursement is limited to 8 tests (4 kits if the kit comes in sets of two tests) per member, per month; any purchases beyond the limits will NOT be reimbursed.
- You will be reimbursed the actual cost of the test up to $12 (up to $24 if the test comes in a kit with two tests).
- You must submit proof of purchase, including the original receipt (copies will not be accepted) and the UPC label off the at-home test packaging.

PATIENT INFORMATION

Member ID Number (on your Membership Card)	Member Date of Birth	
First Name	Last Name	
Street Address		
City	State	Zip Code
Phone Number ☐ Home (Landline) ☐ Mobile (Cell)	Alternate Number *(optional)* ☐ Home (Landline) ☐ Mobile (Cell)	

REIMBURSEMENT FOR AT-HOME TEST

Manufacturer of Test (Approved by FDA): _____

Test Purchased at (for example, Walgreens.com): _____

Date of Purchase (MM/DD/YYYY): _____ Cost of Test: $_____

REIMBURSEMENT FOR OVER-THE-COUNTER AT-HOME TEST FROM PHARMACY

Pharmacy Name: _____

Pharmacy Address: _____

Date of Purchase (MM/DD/YYYY): _____ Cost of Test: $_____

continued>

SIGNATURE

The test was purchased for personal use or for use by a member of the family covered as a dependent on this plan.

The above statements and attachments are true and complete to my knowledge.

_____ _____

Signature Date

Provide the Following Documentation with this Form:

- Proof of Purchase including:
  - Cost of Test
  - Place of Purchase
  - Purchase Date
- UPC Label from At-Home Test Packaging

Instructions:

- **Return the completed form and receipt(s)** to:
  - Express Scripts
    ATTN: Commercial Claims
    P.O. Box 14711
    Lexington, KY 40512-4711

Questions?

Call Customer Service at the phone number on the back of your Priority Health membership card.