

Use this form to request reimbursement for COVID-19 tests you have paid for out of your own pocket.  
**You will need to submit one form per member.**

**Please note this form is only for use for retail OTC COVID tests you have purchased on your own; it is not to be used for COVID tests that are ordered or administered by a health care provider.**

If this form is incomplete or any of the required documentation is not included with your reimbursement request, your claim may be rejected with a rejection reason indicating that additional information is needed.

Member information		
Member ID #:		
Name:	Date of birth:	
Street address:		
City:	State:	ZIP:

Fill in this information in its entirety. **Please be sure to read and follow the provided instructions.**

COVID-19 purchase information		
Store or retail website name:		
Date of purchase:		
Brand name:		
NDC:		
UPC:		
Number of boxes:	Tests per box:	Total purchase price:
Reason for the test (please select one):		
I was exposed to someone with COVID-19	I had/have COVID-19 symptoms	
For school, work, or travel requirements	Other:	

<p>I have paid for these COVID-19 home tests out-of-pocket, and I am requesting reimbursement for that cost.</p> <p><b>Member or parent/guardian signature:</b></p> <p>Your signature attests that:</p> <ul style="list-style-type: none"> <li>You have not and will not be reimbursed by another source, and</li> <li>The COVID-19 tests are not for resale.</li> </ul> <p>Please note that payment will be sent to the subscriber, who may not be the member. Limit of 8 tests per member per month.</p>
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**Mail this form and a copy of your receipt(s) to:**

Attention: Special Processing  
UPMC Health Plan  
PO Box 2966  
Pittsburgh, PA 15230

Phone: 1-888-876-2756 TTY: 711

**Instructions for reimbursement for at-home COVID-19 tests for commercial members**

Please complete this reimbursement form for anyone in your household who has purchased an FDA-authorized COVID-19 test.\* Only tests purchased at a U.S. retail store or website on or after Jan. 15, 2022 are eligible for reimbursement. This form is for commercial members only. Incomplete submissions may result in a claim denial.

**Please note this form is only for use for OTC COVID tests you have purchased on your own; it is not to be used for COVID tests that you or your provider has sent to a lab.**

**What you will need to complete the at-home COVID-19 test reimbursement form**

- Your member ID card or the member ID card of the person for whom you are submitting this form
- A copy of your receipt
- Test packaging that includes the bar code and other information

**Complete the online form**

1. Complete the plan member information. This includes your name and full address.
2. Enter your member ID number and date of birth. If you are submitting the form for someone in your household, enter their name and member ID number.
3. Fill out the information required for reimbursement. This includes:
  - Store or website name
  - Date of purchase
  - Brand name
  - NDC: *The NDC Number (National Drug Code) is a unique 3 segment 10- or 11-digit number that identifies the drug. FDA assigns the first segment of the labeler code which represents the establishment. The second and third segments of NDC Labeler code are assigned by the labeler.*
  - UPC: *The Universal Product Code is used worldwide for tracking inventory in stores. UPC consists of 12 digits that are uniquely assigned to each trade item.*
  - Total number of individual tests (count each test separately, even if multiple tests are sold in one package; i.e., if one package includes eight tests, it counts as eight tests toward the quantity limit.)
  - Total purchase price
  - Copy of receipt
  - Reason for test

**Submit your claim**

Mail your completed reimbursement form and a copy of your receipt to:

**Attention: Special Processing  
UPMC Health Plan  
PO Box 2966  
Pittsburgh, PA 15230**

Please remember that only one reimbursement form per member ID number is allowed. If multiple family members are requesting reimbursement, a separate form must be submitted for each member.

Attach a legible copy of the receipt for the test(s) that clearly shows retailer purchase date, tests purchased, and paid amounts.

If you ordered the test online, print and attach your electronic receipt. **Be sure to keep a copy of your receipt.**

\*Coverage is limited to FDA-authorized COVID-19 tests. **A list is available here.**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.