

Health Plan of Nevada Sierra Health and Life

Over-the-Counter (OTC) At-home COVID-19 Test Kit Reimbursement Form

You can use this form to ask us to pay you back for over-the-counter at-home COVID-19 test kits that have been authorized by the Federal Drug Administration (FDA).

- 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 Medical Claims address on the back of your health plan ID card.

Information about the member who used the OTC COVID-19 test kit

Full name _____

What is your relationship to the subscriber/policyholder?

Spouse/partner Child I am the _____ Other
subscriber/policyholder _____

Subscriber/policyholder information

Complete this section if it's different than the member information above.

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

How many test kits are you submitting for reimbursement?

1 test 2 tests 3 or more tests

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

Purchase date(s) _____

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?

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

Before you put it in the mail, make sure you:

- Completed and signed the form
- Included proof of payment, such as a paid receipt
- Keep a copy of everything you send us

Questions? We're here to help.

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