

For purchases made on or after February 1, 2022, through the end of the Federal Public Health Emergency or December 31, 2022, whichever is earlier, please complete this form to be reimbursed for over-the-counter COVID-19 at-home tests. Only at-home tests that are approved by or have an Emergency Use Authorization (EUA) from the FDA are eligible for reimbursement. Check the list of FDA/EUA authorized tests on our website at www.harvardpilgrim.org/myoptions/covid-19-at-home-testing.

Get Started Now

- 1) Purchases must be for individualized diagnosis or treatment of COVID-19 (not for resale). Reimbursement is permitted for up to eight over-the-counter COVID-19 at-home tests per member per calendar month, when administered without an individualized clinical assessment.
- 2) Submit this completed and signed reimbursement form and proof of payment for the COVID-19 at-home tests to the address listed at the end of this form (any missing information may result in delay or denial of the reimbursement).
- 3) Complete one form per member per request.
- 4) Reimbursement will be sent to the Plan subscriber at the address the Plan has on record.
- 5) **Cost of shipping, handling, and sales tax are not included in reimbursement.**

Member Information

By providing your contact information below, you agree to be contacted regarding your plan benefits and administration.

First name	MI (optional)	Last name	Date of birth
Street address	Town/City		State ZIP code
Member ID number	01	Phone number	

At-Home Test Purchase Information

Please note that some test kits may contain multiple tests in a box. Please indicate the number of tests per box below.

Brand name of at-home test (e.g., iHealth, BinaxNOW, etc.)	Number of boxes	Number of tests per box	Date(s) of purchase (MM/DD/YY)	Amount paid \$
Total (excludes shipping, handling, and taxes)				\$

Member Signature (Required)

I certify that the information on this form and all supporting documents enclosed is complete, accurate, and unaltered. I acknowledge tests purchased through resellers (e.g., eBay, Facebook Marketplace) are not eligible for reimbursement. I further attest that these at-home tests are for personal use, and intended for individualized diagnosis or treatment of COVID-19 (not for resale). I further attest that these tests have not been and will not be reimbursed by another source, and that I am not entitled to reimbursements for tests I did not pay for (e.g., free test kits from the state or federal government). Moreover, I attest that this request does not exceed coverage for more than eight (8) COVID-19 tests per member per calendar month, as described above, from Harvard Pilgrim Health Care as a reimbursement or as coverage through a network pharmacy. If you have any questions, please visit www.harvardpilgrim.org/medicare or contact Member Services at **1-888-609-0692 (TTY 711)**. Our representatives are available to assist you October 1–March 31, 8 a.m. to 8 p.m., 7 days a week, and April 1–September 30, 8 a.m. to 8 p.m., Monday through Friday. If this form is submitted by an authorized representative, please also submit a signed Appointment of Representative form or other supporting documentation.

Signature	Date (MM/DD/YY)
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Submission Instructions

If you purchased your test(s) **between February 1, 2022 and February 14, 2022**, mail this form and proof of payment to:



Harvard Pilgrim Health Care StrideSM
Member Reimbursements
P.O. Box 93430
Lubbock, TX 79493

If you purchased your test(s) **on or after February 15, 2022**, mail this form and proof of payment to:



OptumRx Claims Department
P.O. Box 650287
Dallas, TX 75265-0287