OPTUMRx®

COVID 19 TEST KIT REIMBURSEMENT REQUEST FORM

Use this form to request reimbursement for FDA-authorized COVID-19 test kits purchased on or after January 15, 2022 at a retail store, pharmacy or online retailer. Reimbursement requests take up to 4-6 weeks to process.

Complete one form per member. Please print clearly.

1 Member information

RxGroup *(see ID card)*	Member ID *(see ID card)*	
Last name	First name	MI
Mailing street address		Apt. #
City	State	ZIP
Test Kit(s) is for ○ Self ○ Spouse ○ Dependent	Date of Birth *(mm/dd/yyyy)*	

2 Purchase information

Name of pharmacy, store or online retailer	Pharmacy/Retailer address
Date of purchase	Product name
Number of tests requesting reimbursement	Total cost of purchase (including applicable tax & shipping)

3 Reason for request

☐ Reimbursement for FDA-authorized COVID 19 test kit

4 Acknowledgement

I certify that the OTC COVID-19 test kits for which reimbursement is requested were received for use by the patient above, and that I (or the patient, if not myself) am eligible for benefits. I also certify that the test kits received were not for employment-related COVID-19 testing requirements.

Signature: _____ **Date:** _____

Instructions for submitting form

1. Covered member can submit a monthly claim form for up to (8) COVID 19 test kits or as defined by your State benefit.
2. Include the original receipt for each COVID-19 test kit
3. Read the Acknowledgement (section 4) on the front of this form carefully. Then sign and date. Print page 2 of this form on the back of page 1.
4. Send completed form with pharmacy receipt(s) to: OptumRx Claims Department, PO Box 650334, Dallas, TX 75265-0334

Note: Incomplete forms may be returned and delay reimbursement. Reimbursement is not guaranteed. Claims are subject to your plan's limits, exclusions and provisions.

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines and/or imprisonment, or denial of benefits.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY **711**, 24 hours a day, 7 days a week.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-941-4647**, TTY **711**.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-941-4647**, TTY **711**。