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

This form is to request reimbursement for U.S. Food and Drug Administration (FDA) authorized over-the-counter at-home COVID-19 tests that may be covered under your medical plan purchased on or after January 15, 2022.

- This form is for OTC COVID-19 tests purchased by you.
- Print your responses in black or blue ink. You can also complete the form using a computer. Print and mail us the completed form.
- Include proof of payment (such as a paid receipt) that includes the name of the test along with this completed form. Your reimbursement claim may be denied if we don't receive all the required information.
- Send the completed form and proof of payment to the address listed next to Medical Claims on the back of your member ID card. Or you can fill this form out online by visiting myuhc.com.

Subscriber/policyholder information

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

Enter how many individual tests were purchased _____

Note: Many COVID-19 tests are sold as a 2-pack. For each 2-pack, the total number of individual tests purchased would equal 2.

Name of the FDA authorized test 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?

Before mailing in your form, make sure you:

- Complete and sign the form
- Include proof of payment, such as a paid receipt
- Keep a copy of everything you send us

Please send the completed form and proof of payment to:

UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600

Questions? We're here to help.

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

The information below this line is for Internal Use Only.

Diagnosis code: Z20.828
Place of Service: 12 (HM)
CPT Code: 87426
Units: Refer to number of tests above
Patient Name: Same as policyholder/member listed above. These should always be keyed under the employee as the patient.
Service Description: Enter Name of the FDA authorized tests purchased listed from above.

UNET Pseudo Tin: 069000001
NICE Pseudo Tin: 979797970
USP Pseudo Tin: 123456789
CSP Facets Pseudo Tin: 999999998