

COVID-19 test kit reimbursement request form

Use this form to request reimbursement for FDA-authorized COVID-19 test kits purchased 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.

Member Information

Rx Group: _____ Member ID# (see ID card): _____

Last Name: _____ First name: _____ M.I.: _____

Mailing street address: _____ Apt. # _____

City: _____ State: _____ ZIP: _____

Test kit is for: Self Spouse Dependent Date of birth: _____

Custodial parent information: For reimbursement requests from a parent for a child

Legal custodian's name: _____

Legal custodian's contact phone: _____

Custodian requesting reimbursement name: _____

Custodian requesting reimbursement phone: _____

Address payment is to be mailed to:

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 (incl. tax and shipping): _____

Reason for request

Reimbursement for FDA-authorized COVID 19 test kit

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 four COVID 19 test kits.
2. Include the original receipt for each COVID-19 test kit
3. Read the Acknowledgement 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:
CareOregon
315 SW 5th Avenue
Portland, OR 97204

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