



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 Community Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of:

- Race
- Disability
- Age
- National Origin
- Color
- Sex/gender (expression or identity)

UnitedHealthcare Community Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

UnitedHealthcare Community Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact us toll-free at **1-888-980-8728**, TTY **711**.

If you believe that UnitedHealthcare Community Plan has failed to provide these services or has discriminated in any way, you can file a grievance with:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
Email: **UHC_Civil_Rights@uhc.com**

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

By mail: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201

By phone: **1-800-368-1019** (TDD: **1-800-537-7697**)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

(English) Do you need help in another language? We will get you a free interpreter. Call 1-888-980-8728 to tell us which language you speak. (TTY: 711).
(Cantonese) 您需要其他语言吗? 如果需要, 请致电 1-888-980-8728 , 我们会提供免费翻译服务 (TTY: 711).
(French) Avez-vous besoin d'aide dans une autre langue? Nous pouvons vous fournir gratuitement des services d'interprète. Appelez le 1-888-980-8728 pour nous indiquer quelle langue vous parlez. (TTY : 711).
(German) Brauchen Sie Hilfe in einer anderen Sprache? Wir koennen Ihnen gern einen kostenlosen Dolmetscher besorgen. Bitte rufen Sie uns an unter 1-888-980-8728 und sagen Sie uns Bescheid, welche Sprache Sie sprechen. (TTY: 711).
(Hawaiian) Makemake 'oe i kōkua i pili kekahi 'ōlelo o nā 'āina 'ē? E ki'i nō mākou i mea unuhi manuahi nou. E kelepona i ka helu 1-888-980-8728 no ka ha'i 'ana mai iā mākou i ka 'ōlelo āu e 'ōlelo ai. (TTY: 711).
(Ilocano) Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti 1-888-980-8728 tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo. (TTY: 711).
(Japanese) 貴方は、他の言語に、助けを必要としていますか? 私たちは、貴方のために、無料で通訳を用意できます。電話番号の、 1-888-980-8728 に、電話して、私たちに貴方の話されている言語を申し出てください。 (TTY: 711).
(Korean) 다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. 1-888-980-8728 로 전화해서 사용하는 언어를 알려주십시오 (TTY: 711).
(Mandarin) 您需要其它語言嗎? 如有需要, 請致電 1-888-980-8728 , 我們會提供免費翻譯服務 (TTY: 711)。
(Marshallese) Kwōj aikuj ke jipañ kōn juon bar kajin? Kōm naaj lewaj juon aṃ ri-ukok eo ejjeļok wōṇean. Kūrtok 1-888-980-8728 im kowaļok ñan kōm kōn kajin ta eo kwō meļeļe im kōnono kake. (TTY 711).
(Samoan) E te mana'o mia se fesosoani i se isi gagana? Matou te fesosoani e ave atu fua se faaliliu upu mo oe. Vili mai i le numera lea 1-888-980-8728 pea e mana'o mia se fesosoani mo se faaliliu upu. (TTY: 711).
(Spanish) ¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al 1-888-980-8728 y díganos qué idioma habla. (TTY: 711).
(Tagalog) Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa 1-888-980-8728 para sabihin kung anong lengguwahe ang nais ninyong gamitin (TTY: 711)
(Tongan) 'Oku ke fiema'u tokoni 'iha lea makehe? Te mau malava 'o 'oatu ha fakatonulea ta'etotongi. Telefoni ki he 1-888-980-8728 'o fakaha mai pe koe ha 'ae lea fakafonua 'oku ke ngaue'aki. (TTY: 711).
(Vietnamese) Bạn có cần giúp đỡ bằng ngôn ngữ khác không? Chúng tôi sẽ yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi 1-888-980-8728 nói cho chúng tôi biết bạn dùng ngôn ngữ nào. (TTY: 711).
(Visayan) Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa 1-888-980-8728 aron magpahibalo kung unsa ang imong sinulti-han. (TTY: 711).