

# Over-The-Counter At-Home COVID-19 Test Kit Reimbursement Form



Please complete this form to request reimbursement for over-the-counter at-home COVID-19 test kits. To qualify for reimbursement, test kits must be FDA-authorized and purchased on or after January 15, 2022. There is a limit of eight tests per month per plan member, and the maximum reimbursement per test kit is \$12. **Please submit a separate reimbursement form for each plan member.** Submit this form electronically or complete it using blue or black ink to ensure legibility. If you have questions or need additional forms, visit [serveyourx.com](https://serveyourx.com).

## MEMBER INFORMATION

Employer/Health Plan Name: \_\_\_\_\_  
Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## TEST KIT(S) INFORMATION

How many tests are you submitting for reimbursement? \_\_\_\_\_  
Purchase date(s) and location: \_\_\_\_\_  
Name of the FDA-authorized test kit(s) purchased (e.g., BinaxNOW, QuickVue, Intelliswab, etc.): \_\_\_\_\_  
Prescription Number (if available on pharmacy receipt): \_\_\_\_\_

### PROVIDE EITHER OF THE FOLLOWING:

**NDC code for the FDA-approved test kit(s) purchased**  
May be on the box with a format of xxxxx-xxxx-xx

**OR**

**UPC code for the FDA-approved test kit(s) purchased**  
Typically the number located under the bar-code

## SIGNATURE

By signing below, I attest that these COVID-19 tests have been purchased for personal use only.

Signature: \_\_\_\_\_ Today's Date (month/day/year): \_\_\_\_\_

## SUBMIT FORM AND RECEIPTS TO SERVE YOU RX

Send completed claim form **including your test kit receipts** to:

**MAIL:** Serve You Rx  
Attn: Benefit Administration  
10201 West Innovation Drive, Suite 600  
Milwaukee, WI 53226

**OR EMAIL:** [benefitadmin@serveyourx.com](mailto:benefitadmin@serveyourx.com)

Claims must be submitted within one year of date of purchase or as required by your plan.  
**Please submit a separate reimbursement form for each plan member.**

## QUESTIONS? Call Serve You Rx customer service at **800-759-3203**.

Hours of Operation (CST): Monday – Friday: 7:30 a.m. – 9 p.m.; Saturday: 8 a.m. – 6 p.m.; Sunday: 9 a.m. – 3 p.m.