



## 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 does not treat members differently because of sex, age, race, color, gender, gender identity, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, gender, gender identity, disability or national origin, you can send a complaint to:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
**UHC\_Civil\_Rights@uhc.com**

You must submit the complaint in writing within 30 days of when you found out about it. If your complaint cannot be resolved in 1 day it will be treated as a grievance. We will send you an acknowledgement of the grievance within 5 days of receipt of the grievance. A decision will be sent to you within 30 days.

If you need help with your complaint, please call the toll-free member phone number at **1-800-992-9940**, TTY **711**, 7:30 a.m. – 5:30 p.m. CT, Monday – Friday, (and 7:30 a.m. – 8 p.m. CT on Wednesday). We are also available 8 a.m. – 5 p.m. CT the first Saturday and Sunday of each month.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:**

**<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**

Complaint forms are available at

**<http://www.hhs.gov/ocr/office/file/index.html>**

**Phone:**

Toll-free **1-800-368-1019**, **1-800-537-7697** (TDD)

**Mail:**

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

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number at **1-800-992-9940**, TTY **711**, 7:30 a.m. – 5:30 p.m. CT, Monday – Friday (and 7:30 a.m. – 8 p.m. CT on Wednesday). We are also available 8 a.m. – 5 p.m. CT the first Saturday and Sunday of each month.



UnitedHealthcare Community Plan no da un tratamiento diferente a sus miembros en base a su sexo, edad, raza, color, género, identidad de género, discapacidad u origen nacional.

Si usted piensa que ha sido tratado injustamente por razones como su sexo, edad, raza, color, género, identidad de género, discapacidad u origen nacional, puede enviar una queja a:

Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130

**UHC\_Civil\_Rights@uhc.com**

Usted tiene que presentar la queja por escrito dentro de los primeros 30 días a partir de la fecha cuando se enteró de ella. Si su queja no puede resolverse en un día, se le considerará como reclamación. Nosotros le enviaremos una notificación de recibido de su reclamación dentro de los primeros 5 días después de haberla recibido. Se le enviará la decisión en un plazo de 30 días.

Si usted necesita ayuda con su queja, por favor llame al número de teléfono gratuito para miembros **1-800-992-9940**, TTY **711**, de 7:30 a.m. a 5:30 p.m. CT de lunes a viernes (y de 7:30 a.m. a 8 p.m. CT los miércoles). También estamos disponibles de 8 a.m. a 5 p.m. CT el primer sábado y domingo de cada mes.

Usted también puede presentar una queja con el Departamento de Salud y Servicios Humanos de los Estados Unidos.

**Internet:**

**<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**

Formas para las quejas se encuentran disponibles en:

**<http://www.hhs.gov/ocr/office/file/index.html>**

**Teléfono:**

Llamada gratuita, **1-800-368-1019**, **1-800-537-7697** (TDD)

**Correo:**

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

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros. Tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame al número de teléfono gratuito para miembros **1-800-992-9940**, TTY **711**, de 7:30 a.m. a 5:30 p.m. CT de lunes a viernes (y de 7:30 a.m. a 8 p.m. CT los miércoles). También estamos disponibles de 8 a.m. a 5 p.m. CT el primer sábado y domingo de cada mes.

## English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-992-9940, TTY 711**

## Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-992-9940, TTY 711**.

## Vietnamese

LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi số **1-800-992-9940, TTY 711**.

## Traditional Chinese

注意：如果您說中文，您可獲得免費語言協助服務。請致電 **1-800-992-9940**，或聽障專線 **TTY 711**。

## French

ATTENTION: Si vous parlez français, vous pouvez obtenir une assistance linguistique gratuite. Appelez le **1-800-992-9940, TTY 711**.

## Arabic

تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم **1-800-992-9940**، الهاتف النصي **711**.

## Chocktaw

Pisa: Chahta anumpa ish anumpuli hokma, anumpa tohsholi yvt peh pilla ho chi apela hinla. I paya **1-800-992-9940, TTY 711**.

## Tagalog

ATENSYON: Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo ng pantulong sa wika, nang walang bayad. Tumawag sa **1-800-992-9940, TTY 711**.

## German

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachendienste zur Verfügung. Wählen Sie: **1-800-992-9940, TTY 711**.

## Korean

참고: 한국어를 하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. **1-800-992-9940, TTY 711**로 전화하십시오.

## Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો તમારા માટે વિના મૂલ્યે ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. કૉલ કરો **1-800-992-9940, TTY 711**.

## Japanese

ご注意：日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。電話番号**1-800-992-9940**、または**TTY 711**。

**Russian**

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами переводчика. Звоните по тел **1-800-992-9940, TTY 711**.

**Punjabi**

ਸਾਵਧਾਨ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ, ਮੁਫਤ ਵਿੱਚ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਹੈਲਥ ਪਲਾਨ ਟੀਮ ਨੂੰ ਸੰਪਰਕ ਕਰੋ। **1-800-992-9940, TTY 711** ਤੇ ਕਾਲ ਕਰੋ।

**Italian**

ATTENZIONE: se parla italiano, Le vengono messi gratuitamente a disposizione servizi di assistenza linguistica. Chiami il numero **1-800-992-9940, TTY 711**.

**Hindi**

ध्यान दें: यदि आप हिन्दी भाषा बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। कॉल करें **1-800-992-9940, TTY 711**.