

Medicaid Member Reimbursement Form

Complete this form for repayment of money spent for an at-home COVID-19 test. To receive reimbursement, please read the following:

- The test must be approved by the Food and Drug Administration (FDA)*.
 - [Check the FDA-approved test list.](#)
- The purchase of the test must be on or after 4/1/2022.
- You have one year from the date of purchase to submit for reimbursement.
- Reimbursement is limited to 8 tests (4 kits if the kit comes in sets of two tests) per member, per month; any purchases beyond the limits will NOT be reimbursed.
- You will be reimbursed the actual cost of the test up to \$12 per test.
- The test(s) must have been purchased from an authorized dealer**.
- You must submit proof of purchase, including the original receipt (copies will not be accepted) and the UPC label off the at-home test packaging.

PATIENT INFORMATION

Member ID Number (on your Membership Card)		Member Date of Birth	
First Name		Last Name	
Street Address			
City		State	Zip Code
Phone Number	<input type="checkbox"/> Home (Landline) <input type="checkbox"/> Mobile (Cell)	Alternate Number (optional)	<input type="checkbox"/> Home (Landline) <input type="checkbox"/> Mobile (Cell)

REIMBURSEMENT FOR AT-HOME TEST

Manufacturer of Test (Approved by FDA): _____	
Test Purchased at (for example, Walgreens.com): _____	
Date of Purchase (MM/DD/YYYY): _____	Cost of Test: \$_____

REIMBURSEMENT FOR OVER-THE-COUNTER AT-HOME TEST FROM PHARMACY

Pharmacy Name: _____	
Pharmacy Address: _____	
Date of Purchase (MM/DD/YYYY): _____	Cost of Test: \$_____

continued>

SIGNATURE

The test was purchased for personal use by the cardholder on this plan.

The above statements and attachments are true and complete to my knowledge.

Signature

Date

Provide the Following Documentation with this Form:

- Proof of Purchase including:
 - Cost of Test
 - Place of Purchase
 - Purchase Date
- UPC Label from At-Home Test Packaging

Additional Information:

*Determined by MDHHS. Subject to change, a list of Medicaid-covered National Drug Codes (NDCs) applicable to the above tests is available at michigan.magellanrx.com.

**At-home COVID-19 tests are not eligible for reimbursement when purchased from a private individual via an in-person or online person-to-person sale or from a seller that uses an online auction or resale marketplace are not eligible for member reimbursement. Additionally, over-the-counter COVID-19 home tests reimbursed by another source, supplied for free to the member, or covered through the member's pharmacy benefit plan are not eligible for DMR reimbursement by the health plan.

Instructions:

- **Return the completed form and receipt(s) by:**
 - **Faxing** to 616.942.0616 for quickest processing, *or*
 - **Mailing** to
Priority Health
ATTN: Claims Department
P.O. Box 232
Grand Rapids, MI 49501-0232

Questions?

Call Customer Service at the phone number on the back of your Priority Health membership card.