

COVID-19 OTC Antigen Test reimbursement request form

Use this form to request reimbursement for FDA-approved, at-home over-the-counter antigen tests. Please print clearly.
A receipt and the product box or a picture of the front of the box is required.
A separate form for each patient is required.

Member information

Patient ID: _____

Patient last name	First name	Middle initial
Date(s) of purchase	Quantity	

Describe the test kit(s)

Please select the product/brand of OTC at-home test kit you purchased (select all that apply):

- | | |
|--|--|
| BinaxNOW COVID-19 Antigen Self-Test (Abbott) | Celltrion DiaTrust COVID-19 Ag Home-Test (Celltrion) |
| COVID-19 At-Home Test (SD Biosensor) | QuickVue At-Home OTC COVID-19 Test (Quidel) |
| CLINITEST Rapid COVID-19 Antigen Self-Test (Siemens) | Flowflex COVID-19 Antigen Home Test (ACON) |
| iHealth COVID-19 Antigen Rapid Test (iHealth Labs) | Ellume COVID-19 Home Test (Ellume) |
| CareStart COVID-19 Antigen Home Test (Access Bio) | On/go COVID Kit Antigen (Access Bio) |
| BD Veritor At-Home COVID-19 Test (Becton Dickinson) | OTC Antigen Kit 1-pack (CVS Pharmacy) |
| SCoV-2 Ag Detect Rapid Self-Test (InBios) | Other (include brand and name of test kit below) |
| InteliSwab COVID-19 Rapid Test (OraSure) | _____ |

Customer attestation

Please check yes or no for **all** of the following questions.

The over-the-counter test kit submitted for reimbursement on this form:

- Yes No Was purchased for employment purposes (If yes, STOP; this test is not eligible for reimbursement)
- Yes No Was purchased by the customer for personal use or the use of a covered plan member
- Yes No Has been (or will be) reimbursed by another source
- Yes No Has been (or will be) placed for resale

Required documentation

When submitting your OTC test-kit claim, please include the required documentation with your form. Incomplete submissions may not be considered for reimbursement.

- Purchase Receipt clearly showing the date of purchase and testing kit charges.

The only tests eligible for reimbursement are for FDA-approved over-the-counter at-home COVID-19 antigen tests for diagnostic purposes.

Certification

By submitting a manual claim for reimbursement of an Over the Counter COVID-19 test, the member is attesting that it was purchased for personal use, not for employment purposes, and will not be reimbursed by another source or used for resale.

I acknowledge that any person who knowingly and with intent to defraud any insurance company or other person by (1) filing an application for insurance or statement of claim containing any materially false information; or (2) concealing for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

Signature

Date signed (mm/dd/yyyy)

Return to:

Arkansas Blue Cross and Blue Shield
ATTN: Claims
P.O. Box 2181
Little Rock, Arkansas 72203-2181