COVID At-Home Testing: IFP Member Claim Form

Bright HealthCare™

Please use this form to request reimbursement for at-home COVID-19 tests you have paid for out of your own pocket after January 14, 2022. Please use a separate claim form for each patient. Your cooperation in completing all items on the claim form and attaching all required documentation will help expedite quick and accurate processing. If you have any questions or need help completing this form, please call our Member Services team at 844-926-4524.

SECTION A. PATIENT INFORMATION

Last name	First name	M.I.

Does the patient have other health insurance coverage? ☐ Yes ☐ No	Relation to subscriber ☐ Self ☐ Spouse or domestic partner ☐ Dependent	Sex ☐ M ☐ F	Date of birth (MM/DD/YYYY)

Name of other health insurance company	Group no.	Employer name	Policy no.

SECTION B. SUBSCRIBER INFORMATION (on Bright HealthCare ID Card)

Identification no.	Group no.

Last name	First name	M.I.

Street address (please include apt. no.)

City	State	ZIP code

Home phone no.	Work phone no.	Date of birth (MM/DD/YYYY)

SECTION C. COVID-19 TEST INFORMATION

COVID-19 TESTING: Use this section to report any FDA-approved COVID-19 tests that you paid for out of your own pocket. Complete this form, sign the attestation, and submit the documents listed below. Please be sure that duplicate bills are not submitted.

Was this test purchased for the personal use of the person listed as "patient" in section A? ..... ☐ Yes ☐ No

Was the test purchased for employment purposes? ..... ☐ Yes ☐ No

Do you expect to receive reimbursement from a source other than Bright HealthCare? ..... ☐ Yes ☐ No

Please indicate the manufacturer of the COVID-19 test you purchased:

- ☐ SD Biosensor COVID-19 At-Home Test
- ☐ iHealth COVID-19 Antigen Rapid Test
- ☐ Celltrion DiaTrust COVID-19 Ag Home Test
- ☐ ACON Laboratories Flowflex COVID-19 Antigen Home Test
- ☐ Abbott Diagnostics BinaxNOW COVID-19 Antigen Self Test
- ☐ Abbott Diagnostics BinaxNOW COVID-19 Ag Card 2 Home Test
- ☐ Access Bio CareStart COVID-19 Antigen Home Test
- ☐ Ellume COVID-19 Home Test
- ☐ InBios International SCoV-2 Ag Detect Rapid Self-Test
- ☐ Siemens Healthineers CLINITEST Rapid COVID-19 Antigen Self-Test
- ☐ OraSure Technologies InteliSwab COVID-19 Rapid Test
- ☐ Becton, Dickinson and Company BD Veritor At-Home COVID-19 Test
- ☐ Quidel QuickVue At-Home OTC COVID-19 Test
- ☐ Cue COVID-19 Test for Home and Over The Counter (OTC) Use
- ☐ Detect Covid-19 Test
- ☐ Lucira CHECK-IT COVID-19 Test Kit

Date of purchase (mm/dd/yyyy):	Where the test was purchased (for example, Amazon.com):

Price paid:	Number of tests per purchase (for example, did the package contain 2 tests):

Documents to submit:

1. Proof of purchase showing price paid and date of purchase.
2. Copy of the Universal Product Code (UPC) of the covid-19 test. UPCs are barcode symbols that manufacturers use to identify their products electronically.

I certify that, to the best of my knowledge, the information on this form is true and correct. I authorize the release of any medical information necessary to process this claim.

Signature	Name	Date
X		

Please mail this claim form, your itemized receipt, and the UPC from your test to:
Bright HealthCare
P.O. Box 1587
Portland, ME 04108

Bright HealthCare

Nondiscrimination Notice and Assistance with Communication

Bright HealthCare does not exclude, deny benefits to, or otherwise discriminate against any individual on the basis of sex, age, race, color, national origin, or disability. "Bright Health" means Bright HealthCare plans and their affiliates.

Language assistance and alternate formats:

Assistance is available at no cost to help you communicate with us. The services include, but are not limited to:

- Interpreters for languages other than English;
- Written information in alternative formats such as large print; and
- Assistance with reading Bright HealthCare websites.

To ask for help with these services, please call **1-844-926-4524**.

If you think that we failed to provide language assistance or alternate formats, or you were discriminated against because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Bright HealthCare Civil Rights Coordinator
P.O. Box 1519
Portland, ME 04104
Phone: **1-844-926-4524**

You can also file a complaint with the U.S Dept. of Health and Human Services, the Office of Civil Rights:

- **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

If you need help with your complaint, please call **1-844-926-4524**.

Language Assistance and Alternate Formats

This information is available in other formats like large print. To ask for another format, please call **1-844-926-4524.**

English	ATTENTION: If you speak a language other than English, language assistance services including interpretation and written translation, free of charge, are available to you. Call (844)-926-4524.
Spanish (US)	ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia lingüística, incluidos servicios de interpretación y traducción. Llame al (844)-926-4523.
Chinese (S)	注意：如果您使用的语言并非英语，则可获得免费的语言协助服务（包括口译和笔译）。请拨打电话 (844)-926-4524。
Arabic	انتباه: إذا كنت تتحدث لغة غير الإنجليزية، فخدمات المساعدة اللغوية، ومن بينها الترجمة الشفوية والترجمة التحريرية، متاحة من أجلك، دون تكلفة. اتصل بالرقم 4524-926-(844).
Bengali	মনোযোগ: আপনি যদি ইংরেজী ব্যতীত অন্য কোনও ভাষায় কথা বলেন তবে বিনা মূল্যে ব্যাখ্যামূলক এবং লিখিত অনুবাদ সহ ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য উপলভ্য। (844)-926-4524 নম্বরে কল করুন।
French	ATTENTION : Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique, notamment d'interprétation et de traduction écrite, sont mis gratuitement à votre disposition. Appelez le (844)-926-4524.
German	ACHTUNG: Falls Sie eine andere Sprache als Englisch sprechen, steht Ihnen eine kostenfreie fremdsprachliche Unterstützung einschließlich Dolmetschen und schriftlicher Übersetzung zur Verfügung. Wählen Sie die (844)-926-4524.
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε κάποια γλώσσα διαφορετική από τα Αγγλικά, παρέχονται δωρεάν υπηρεσίες γλωσσικής βοήθειας συμπεριλαμβανομένης της διερμηνείας και της γραπτής μετάφρασης. Καλέστε το (844)-926-4524.
Italian	ATTENZIONE: se parla una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti, inclusivi di interpretariato e traduzione scritta. Chiami il numero (844)-926-4524.
Japanese	ご注意：英語以外の言語を話される場合は、通訳および書面による翻訳を含めて無料の言語支援サービスをご利用いただけます。(844)-926-4524 までお電話ください。
Korean	주의: 영어가 아닌 다른 언어를 사용할 경우 번역 및 통역과 같은 무료 언어 지원 서비스를 이용하실 수 있습니다. (844)-926-4524번으로 연락하십시오.
Polish	UWAGA: Jeśli nie mówisz po angielsku, możesz skorzystać z darmowej usługi tłumaczenia ustnego i pisemnego. Zadzwoń pod numer (844)-926-4524.
Portuguese	ATENÇÃO: Se falar um idioma que não o inglês, estão disponíveis serviços gratuitos de assistência de idioma, incluindo interpretação e tradução escrita. Entre em contato no número (844)-926-4524.
Russian	ВНИМАНИЕ: если вы не говорите на английском языке, вы можете воспользоваться бесплатными услугами языковой поддержки, включая устный и письменный перевод. Позвоните по телефону (844)-926-4524.

Tagalog	PAALALA: Kung nagsasalita ka ng isang wika na bukod pa sa Ingles, magagamit mo ang mga serbisyong tulong sa wika, kabilang ang pagsasalin at nakasulat na pagsasalin nang walang bayad. Tumawag sa (844)-926-4524.
Urdu	توجہ فرمائیں: اگر آپ انگریزی کے علاوہ کوئی دوسری زبان بولتے ہیں تو زبان کی معاونتی خدمات بشمول ترجمانی اور تحریری ترجمہ آپ کے لئے بلا معاوضہ دستیاب ہیں۔ کال کریں (844)-926-4524.
Vietnamese	CHÚ Ý: Nếu bạn nói một thứ tiếng nào khác ngoài tiếng Anh, bạn sẽ được cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm cả thông dịch và biên dịch. Gọi số (844)-926-4524.
Navajo	Navajo Baa naanish`agha: ǫdaa`ni`adishni la`saad la`igii`ako dine, saad`ahilka`ana`alwo`tse` esgizii, bidishchiid bee yeel, bilhadlee`ach`i` ni. bika`adishni (844)-926-4524.
Amharic	ማሳሰቢያ: ከእንግሊዝኛ ውጪ የሆነ ቋንቋ የሚናገሩ ከሆነ ከክፍያ ነጻ የሆነ የቋንቋ አስተርጓሚና የጽሁፍ ትርጉም ድጋፍ አገልግሎቶችን ማግኘት ይችላሉ፡፡ በ (844)-926-4524 ይደውሉ፡፡
Burmese	အသိပေးခြင်း - အကယ်၍ သင်သည် အင်္ဂလိပ်မှအပ တစ်ခြားဘာသာစကားဖြင့် စကားပြောသူဖြစ်လျှင် စကားပြန်နှင့် ရေးသားထားသောဘာသာပြန် အပါအဝင် ဘာသာစကားကူညီပံ့ပိုးဝန်ဆောင်မှုများကို အခမဲ့ရရှိနိုင်ပါသည်။ (844)-926-4524 သို့ဖုန်းခေါ်ဆိုပါ။
Cherokee	ᏧᎦᏎᏍᏓ: ᎰᎢ ᎦᏬᏂᎯᏍᏗ ᏱᏬᏂᏧ ᏏᏃ ᎩᎵᏏ, ᎦᏬᏂᎯᏍᏗ ᎠᎵᏍᏕᎵᏍᎩ ᎢᏗᏓᏛᏁᏗᎢ, ᎤᏌᏯᏍᏗ ᎠᏓᏁᎸᏓᏁᏗ ᎠᎴ ᎪᏪᎳᏅᎯ ᎠᏁᎵᎳᏅᎯ, Ꮭ ᎪᎱᏍᏗ ᏧᎬᏩᎶᏗ ᏱᎩ ᎠᏎᏉᎢ, ᏂᎯ ᎡᏣᏛᏅᎢᏍᏓᏁᏗᎢ. ᏫᎰᎯᏴᏓᏏ (844)-926-4524.
Cushite-Oromo	HUBACHISA: Afaan Ingilifaan aala yoo kan dubbaatan ta’e, tajaajila gargaarsa afaan hikaa sagaleen fi bareefaman dabalate kafaalti irraa bilisaan issiinif argama. (844)-926-4524 irraatti bilbila.
French Creole	ATANSYON: Si ou pale yon lang ki pa Anglè, sèvis asistans lengwistik ki gen ladan l entèpretasyon ak tradiksyon alekri, epi li disponib pou ou. Rele (844)-926-4524.
Gujarti	ધ્યાન આપો: જો તમે અંગ્રેજી સિવાય ની અન્ય કોઈ ભાષા બોલો છો, તો તમારા માટે અર્થઘટન અને લેખિત અનુવાદ સહિતની ભાષા સહાય સેવાઓ નિ:શુલ્ક ઉપલબ્ધ છે. (844)-926-4524 પર કૉલ કરો.
Hindi	ध्यान दें: यदि आप अंग्रेज़ी के अलावा कोई अन्य भाषा बोलते हैं तो आपके लिए निःशुल्क भाषा सहायता सेवाएं, दुभाषिया और लिखित अनुवाद सहित, उपलब्ध है। (844)-926-4524 पर कॉल करें।
Hmong	TSEEM CEEB: Yog koj hais lwm hom lus uas tsis yog Lus Askiv, yuav muaj kev pab txhais lus, suav nrog kev txhais lus hais thiab kev txhais ntaub ntawv, yam tsis tau them nqi dab tsi li. Hu rau (844)-926-4524.
Karen	ပာ်သူဉ်ပာ်သး - နမ့ၢ်ကတိၤကျိာ်လၢအတမ့ၢ်အဲကလံးကျိာ်ဘဉ်အဃိ, ကျိာ်တၢ်တိစၢၤမၤစၢၤတဖဉ် ပဉ်ဃုာ်ဒီး တၢ်တဲကျိးထံတၢ်ဒီးတၢ်ကွဲးကျိာ်ထံကွၢ်တၢ်, လၢတအိဉ်ဒီးအပ့ၤကလံၤ, အိဉ်ဝဲဒဉ်လၢနဂီၢ် လီၤ. ဆဲးကျိး (844)-926-4524 တက့ၢ်.
Kru / Bassa	YI LE: Ibale u mpot hop umpe handugi Ngisi, bôt ba nhola bakobol ba yé ha inyu yoñ, to u nkobol ni hop nyo tole ni mapep, nsébél nsinga unu. Sebel i nsinga ini (844)-926-4524.
Kurdish	ئاگاداری: ئەگەر بە زمانێکیتر قسە دەکەیت جگە لە ئینگلیزی، خزمەتگوزاری زمانەوانی کە وەرگێڕانی. زارەکی و وەرگێڕانی ئینگلیزی دەگرێتەوە، بەخۆڕایی بەردەستە بۆ تۆ. پەیوەندی بکە بە 4524-926-(844).
Laotian	ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາມີການບໍລິການຊ່ວຍເຫຼືອດ້ານ ພາສາ ລວມທັງການແປປາກເປົ່າ ແລະ ການແປເອກະສານ, ໂດຍບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທ (844)-926-4524.

Mon-Khmer

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយភាសា ដែលរួមមានការបកប្រែផ្ទាល់មាត់ និងការបកប្រែឯកសារ ដែលឥតគិតថ្លៃ គឺមានផ្តល់ជូនដល់អ្នក ទូរសព្ទ (844)-926-4524។

Nepali

ध्यान दिनुहोस्: यदि तपाइँ अंग्रेजी बाहेक अरु कुनै भाषा बोल्नुहुन्छ भने, तपाइँको लागि नि:शुल्क भाषा सहायता सेवा, दोभासे र लिखित अनुवाद सहित, उपलब्ध छन्। (844)-926-4524 मा कल गर्नुहोस्।

Persian Farsi

،توجه: اگر به زبانی غیر از انگلیسی صحبت می کنید، خدمات تسهیلات زبانی ازجمله ترجمه شفاهی و کتبی رایگان دردسترس شما قرار می گیرند. با شماره (844)-926-4524 تماس بگیرید.

Serbo-Croatian

PAŽNJA: Ako govorite neki drugi jezik osim engleskoga, možete besplatno koristiti usluge jezične podrške za tumačenje i pisano prevođenje. Nazovite (844)-926-4524.

Syriac

[illegible] (844)-926-4524.

Thai

ข้อควรทราบ: หากคุณพูดภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ เรามีบริการช่วยเหลือด้านภาษาได้แก่การล่ามและการแปลเป็นลายลักษณ์อักษรให้แก่คุณโดยไม่เสียค่าใช้จ่ายใด ๆ ติดต่อหมายเลขโทรศัพท์ (844)-926-4524

Turkish

DİKKAT: İngilizce dışında bir dil konuşuyorsanız sözlü ve yazılı çevirinin de dahil olduğu dil yardım hizmetlerinden ücretsiz olarak faydalanabilirsiniz. (844)-926-4524 numaralı hattı arayın.

Ukrainian

УВАГА: якщо ви не розмовляєте англійською, то можете скористатися безкоштовними послугами мовної підтримки, зокрема усного та письмового перекладу. Зателефонуйте за телефоном (844)-926-4524.

Yiddish

ביטע אויפֿמערקן: אויב איר רעדט אַ אנדערע שפּראַך ווי ענגליש, עס עקזיסטירט פֿאַר אייך פֿרײַגעביקע שפּראַך אויסהעלף דינסט, אײַנשליסלעך גלײַכצײַטיקע איבערזעצונג און שריפֿטלעכע איבערזעצונג. ביטע רופט (844)-926-4524.

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե դուք չեք խոսում անգլերեն, լեզվական աջակցության ծառայությունները, ներառյալ բանավոր և գրավոր թարգմանությունը, անվճար են ձեզ համար: Զանգահարեք (844)-926-4524:

Punjabi

ਸਾਵਧਾਨ: ਜੇਕਰ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਵਿਆਖਿਆ ਅਤੇ ਲਿਖਤ ਅਨੁਵਾਦ ਸਮੇਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। (844)-926-4524 ਤੇ ਕਾਲ ਕਰੋ।