

# COVID At-Home Testing IFP Member Claim Form



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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relation to subscriber <input type="checkbox"/> Spouse or domestic partner	<input type="checkbox"/> Self <input type="checkbox"/> Dependent	Sex <input type="checkbox"/> M <input type="checkbox"/> 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				
<b>COVID-19 TESTING:</b> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was the test purchased for employment purposes? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you expect to receive reimbursement from a source other than Bright HealthCare? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please indicate the manufacturer of the COVID-19 test you purchased:				
<input type="checkbox"/> SD Biosensor COVID-19 At-Home Test <input type="checkbox"/> iHealth COVID-19 Antigen Rapid Test <input type="checkbox"/> Celltrion DiaTrust COVID-19 Ag Home Test <input type="checkbox"/> ACON Laboratories Flowflex COVID-19 Antigen Home Test <input type="checkbox"/> Abbott Diagnostics BinaxNOW COVID-19 Antigen Self Test <input type="checkbox"/> Abbott Diagnostics BinaxNOW COVID-19 Ag Card 2 Home Test <input type="checkbox"/> Access Bio CareStart COVID-19 Antigen Home Test <input type="checkbox"/> Ellume COVID-19 Home Test <input type="checkbox"/> InBios International SCoV-2 Ag Detect Rapid Self-Test				
<input type="checkbox"/> Siemens Healthineers CLINITEST Rapid COVID-19 Antigen Self-Test <input type="checkbox"/> OraSure Technologies IntelliSwab COVID-19 Rapid Test <input type="checkbox"/> Becton, Dickinson and Company BD Veritor At-Home COVID-19 Test <input type="checkbox"/> Quidel QuickVue At-Home OTC COVID-19 Test <input type="checkbox"/> Cue COVID-19 Test for Home and Over The Counter (OTC) Use <input type="checkbox"/> Detect Covid-19 Test <input type="checkbox"/> Lucira CHECK-IT COVID-19 Test Kit <input type="checkbox"/> MaximBio ClearDetect COVID-19 Antigen Home Test				
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):			
<b>Documents to submit:</b> Proof of purchase showing price paid and date of purchase.				
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 <b>X</b>	Name		Date	

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



## **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**.

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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 (844)-926-4524.
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, inclusi 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 pismnego. 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.



Mon-Khmer	សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយភាសាដែលរួមមានការបកប្រែផ្ទាល់មាត់ និងការបកប្រែឯកសារ ដែលឥតគិតថ្លៃ គឺមានផ្តល់ជូនដល់អ្នក ទូរសព្ទ (844)-926-4524។
Nepali	ध्यान दिनुहोस्: यदि तपाईं अंग्रेजी बाहेक अरु कुनै भाषा बोल्नुहुन्छ भने, तपाईंको लागि निःशुल्क 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 از جمله ترجمه شفاهی و کتبی رایگان در دسترس 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	. (844)-926-4524
Thai	ข้อควรทราบ: หากคุณพูดภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ เรามีบริการช่วยเหลือด้านภาษาได้แก่ การล่ามและการแปลเป็นลายลักษณ์อักษรให้แก่คุณโดยไม่เสียค่าใช้จ่ายใด 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 און איינפליסלעך גלייכצייטיקע איבערזעצונג און שרייבטעכע איבערזעצונג. ביטע וופען (844)-926-4524.
Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե դուք չեք խոսում անգլերեն, լեզվախոս և լեզվաբան ծառայությունները, ներառյալ բանավոր և գրավոր արձանագրությունը, անվճար են ձեզ համար: Ձանգահարե՛ք (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।