MEMBER PAID CLAIM
OTC COVID-19 TEST REIBURSEMENT FORM

WellFirst Health
provided by SSM Health Plan

Effective 01/15/2022 through the national public health emergency, members covered under qualified plans are eligible for coverage of up to 8 FDA-approved over-the-counter (OTC) antigen tests per member per month. Eligible test will be reimbursed at a rate up to $12 per individual test. Tests purchased to fulfill employer directed testing requirements are not eligible for reimbursement.

INSTRUCTIONS:

1. Complete one form per member per date of purchase.
2. Fill out the form completely – items left blank may prevent or delay the timely processing of your claim. The UPC code for the test must be included to ensure that an FDA-approved test was purchased.
3. Mail or fax your completed form to us and include a paid receipt for all OTC COVID-19 tests purchased; tests listed on the form, without receipts, will result in denial.

Member Last Name:	Member First Name:	Member ID Number:	
Street Address:	City:	State:	Zip Code:
Member Date of Birth	Date of Purchase:	Total Refund Requested: $	

	COVID-19 Test Brand Name: *(e.g., BinaxNow COVID-19 test)*	UPC Code: *(i.e., number under barcode)*	Quantity of Tests per Package:	Total Package Price:
1				$
2				$
3				$
4				$
5				$
6				$
7				$
8				$

By completing this form and submitting it to us, you are attesting that use of these COVID-19 tests is strictly for the member's personal use and will not be used for employer directed testing.

WellFirst Health products are provided by SSM Health Plan

Mail completed form with receipt(s) to:
WellFirst Health — Provided by SSM Health Plan ● PO Box 56099 ● Madison, WI 53705
or fax to ATTN: Claims 608-836-1210