OTC COVID-19 Test Form

CHRISTUS Health Plan

Member Information

ID number

CHRISTUS Plan

❑ TX Health Insurance Exchange

❑ LA Health Insurance Exchange

Date of birth ___ / ___ / ___ ❑Male ❑Female

Name (First, Last)

Street Address

City State Zip

Member's relationship to primary cardholder:

❑Self ❑Spouse/Domestic partner ❑Dependent/Child

I certify that:

- The information on this form is correct
- The member named above is eligible for reimbursement
- The member named above received the test(s) listed

X

Member or legal representative signature

Pharmacy/Retailer Information

Pharmacy/ Retailer Name

Pharmacy/ Retailer Address

City State Zip

COVID-19 At-Home Test Information

Please provide proof of purchase by submitting the UPC code found on the outside of the testing box, and by submitting the itemized receipt.

UPC number

Date Purchased ___ / ___ / ___

Quantity of Tests _____

Brand of Test _____

Total Charge $ ___ . ___

Instructions

1. Use a separate claim form for each member. All information provided on this claim form must be for the same person.
2. Update the claim form with the test purchase information
   Note: Your claim will be sent back if required information is missing.
3. Mail claim form and itemized receipt within 365 days of purchase to:

   CHRISTUS Health Plan
   Attn: Claims Department
   919 Hidden Ridge
   Irving, TX 75038

Required Information

- ID number
- CHRISTUS Plan
- Date of Birth
- Pharmacy/Retailer name
- Pharmacy/Retailer address
- UPC number
- Quantity of Tests
- Brand of Test
- Total Charge
- Itemized Receipt

Ex: UPC bar Code on *BinaxNOW COVID-19 Antigen Self Test*

Fraud Prevention Regulation: Any person who knowingly and with intent to defraud any health plan or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent health plan act, which is a crime and subjects such person to criminal and civil penalties.