



**RAPID (ANTIGEN) AT-HOME COVID TEST
DIRECT MEMBER REIMBURSEMENT FORM**

*NOTE: Use this form for reimbursement of
FDA-Approved at-home Rapid COVID-19 Test
kits purchased at a retail setting.*

Complete this form to request reimbursement for FDA-Approved Antigen (Rapid) At-Home COVID Test Kits

Completion and submission of this form to AvMed is not a guarantee of reimbursement. Claims are subject to limitations, exclusions, and other provisions of your Benefit Plan. Applicable reimbursement can only be made payable to the Subscriber Only.

Per Federal regulation, reimbursement for At-Home Rapid Test Kits for COVID-19 is limited to eight (8) tests per month per eligible Member. One kit may include multiple tests; each test is counted individually toward that limit.

MEMBER INFORMATION			
Member Name: (Last, First, Middle Initial)		Birth Date (MM/DD/YY)	AvMed Member Number
Mailing Address		Phone Number	Email
Retailer Name		Retailer Address	Date of purchase
Total # of kits purchased	How many tests per kit	Name of member(s) for whom test kits were purchased	Member ID(s)

ATTESTATION FOR AT-HOME RAPID ANTIGEN TEST

I, _____, attest to the following:

- All requests for reimbursement submitted are for COVID At-Home Rapid Antigen Test kits for the personal use of the member (s) listed on this claim form and will not be resold or re-purposed for any other use.
- All requests for reimbursement are for personal health purposes and are not for purposes of employment or other public health purposes.

Member Signature:	Date Signed:
-------------------	--------------

IMPORTANT CHECKLIST

To ensure timely processing, please review and complete this checklist prior to mailing your request.

- ✓ Form is completely filled out.
- ✓ Documents are in English, clear and legible.
- ✓ Include Sales receipt, UPC code from test packaging, and this completed and signed form.

Mail this completed form and all documents to:

AvMed
Attention: Member Reimbursement
P.O. Box 569008
Miami, FL 33256

You can also fax the completed forms and supporting documents to: 305-671-4736

Member questions may be answered at www.AvMed.org or by calling the Member Engagement phone number on the back of your ID card.