

COVID Test Reimbursement Form



Only use this form when you have paid for a COVID-19 test and are seeking reimbursement for your costs.

560 East 200 South, Salt Lake City, UT 84102
801-366-7555 / 800-765-7347
Fax: 801-366-7771

Important, Please Read

Form Instructions

Use the form on the next page when you have paid for a COVID-19 test. The form may be used for reimbursement for an over-the-counter test or prescription test provided by a laboratory when either were paid out of pocket.

For reimbursement, please include:

- » The PEHP Request form
- » Receipt showing payment for the test

Please call PEHP Customer service at 801-366-7555 or 800-765-7347 to receive an encrypted email. If you prefer to mail or fax your request, please see the request form for PEHP's mailing address or fax number.

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» Instructions for Reimbursement

Please attach a receipt showing payment for the COVID-19 test. Please answer the following:

Yes No

» This Covid-19 test was received for one of the following reasons:

- › Was within six feet of a person with COVID-19
- › Showed symptoms of COVID-19
- › Was instructed by the Health Department to seek a test
- › Was instructed by their doctor to seek a test

Yes No

» This COVID-19 test was for any of the following:

- › To participate in sports
- › To participate in social or family gatherings
- › As a prerequisite to travel
- › As a requirement of your work/employer

Yes No

» I represent that all information is true and correct

» Cardholder Information *See your PEHP Member ID card.*

Member Name _____ Member ID _____

Street Address _____

City _____ State _____ Zip _____

» Patient Information

Patient Name: _____ Patient Date of Birth (MM/DD/YY): _____

Sex: Female Male

Relationship to Plan Member:

- | | | | |
|-----------------------------------|--|---|---|
| <input type="checkbox"/> 1 Self | <input type="checkbox"/> 3 Eligible Child | <input type="checkbox"/> 5 Disabled Dependent | <input type="checkbox"/> 7 Non-spouse Partner |
| <input type="checkbox"/> 2 Spouse | <input type="checkbox"/> 4 Dependent Student | <input type="checkbox"/> 6 Dependent Parent | <input type="checkbox"/> 8 Other |