Community Health Choice
P.O. Box 301413
Houston, TX 77230
Toll-Free: (833) 276-8306 TTY: 711
Local: (713) 295-5007
www.communityhealthchoice.org

Dear Member,

Every home in the U.S. is now eligible to receive four (4) free at-home COVID-19 test kits from the federal government. The tests are completely free and usually ship within 7-12 days. To order, please visit https://www.covidtests.gov/.

You are also able to obtain free tests from a Community Health Center and Medicare-certified health clinic near you. Visit Find a Health Center (hrsa.gov) to find a facility near you.

Because we care about your health, you can also pick up a COVID at home test kit at the pharmacy.

To prevent any upfront costs, you should purchase COVID-19 at-home test kits at the pharmacy counter of any Community Health Choice network pharmacy.

For a list of in-network pharmacies, visit CommunityHealthChoice.org > Find a Doctor > Pharmacies.

If you choose to purchase a COVID-19 test kit from a retail store or an out-of-network pharmacy, you will need to pay up front and complete a Claim Form for reimbursement. You will be reimbursed up to $12.00 per individual test.

REIMBURSEMENT INSTRUCTIONS:

1. Complete the **Claim Form** (attached).
2. Gather these documents:
    a. Completed Claim Form
    b. Copy of your Community Health Choice Member ID card
    c. Proof of purchase (receipt) for each COVID-19 test kit purchased
3. **Mail** documents to this address:

    Navitus Health Solutions
    P.O. Box 999
    Appleton, WI 54912-0999

    Or

    Fax: 920.735.5315 / Toll Free 855.668.8550

    Or

    Email: ManualClaims@Navitus.com

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Please visit CommunityHealthChoice.org and click on the **COVID-19 At-Home Testing** button to download additional copies of the Claim Form.

If you have any questions, please call Community at **1.833.276.8306**. TTY users should call **711**. We are open October 1 to March 31, 8:00 am to 8:00 pm, 7 days a week and April 1 through September 30, Monday through Friday, 8:00 am to 8:00 pm. On certain holidays your call will be handled by our automated phone system. Please be sure to keep a copy of this letter for your records.

Thank you for being our Member.

Community Health Choice

(Enclosure)

OTC-COVID 19 At Home Test Claim Form

Direct Member Reimbursement

This claim form can be used to request reimbursement of covered expenses.

Part 1: Member Information

1. Complete ALL information. Your ID Number can be located on your member ID card.
2. Submit claims within the filing period specified by your Benefit plan. For questions about your filing period please review your Member handbook or call the Customer Care number on your member ID card.
3. Please submit a separate form for each patient for whom you purchased medications.
4. Reimbursement will be made directly to the CARDHOLDER unless otherwise noted.

First Name	Last Name	MI
Telephone Number ( )	Date of Birth	Gender (Circle One) Male Female
ID Number	Subscriber's Employer (PCN)	
Mailing Address		
City	State	ZIP Code
Member Signature		Date Signed

Part 2: Where was the OTC COVID 19 Test purchased?

1. Complete ALL information.
2. Please submit a separate form for each distributor from which you purchased the OTC COVID 19 Test.

Pharmacy/Online/Retailer Name		Telephone Number ( )
Street Address (or Website Address)		
City	State	ZIP Code

Part 3: Receipt Information

1. Include original receipt(s) or printout(s); Tape original receipt(s) to bottom of this page. *Please* DO NOT staple.
2. Receipt(s) must contain the information outlined under Part 3. If your receipt(s) are missing any of this information please fill in the missing information under Part 3.

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OTC-COVID 19 At Home Test Claim Form

Direct Member Reimbursement

3. Receipts will not be returned, remember to keep a copy of the completed claim form and receipt(s) for your records.

Date of Purchase	Product Name
National Drug Code (NA if the code is not available)	Quantity of COVID Test/s in package
Original Cost	Member Paid Amount

Mail, Fax, or Email this form along with receipts to:
Navitus Health Solutions
P.O. Box 999
Appleton, WI 54912-0999 OR

Fax: 920.735.5315 / Toll Free 855.668.8550 OR

Email: ManualClaims@Navitus.com

OTC COVID 19 At Home Test Information to Consider:

1. By completing and submitting this form, 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.

2. Members covered under qualified plans are eligible for coverage of FDA-approved over-the-counter (OTC) antigen tests as defined by your health plan. Contact your health plan for more details on specific coverage limits.

3. Eligible tests will be reimbursed at a rate up to $12 per individual test.

4. Medicare does not allow for the reimbursement of OTC COVID-19 tests.