



At-Home Over-The-Counter (OTC) COVID-19 Test Kit Direct Payment Consideration Form

Please use this claim form when you submit an At-Home OTC COVID-19 Test Kit to HAP for review and consideration of payment.

- **Complete a separate form for each Member or Beneficiary**
- **Retain a copy of all receipts and documents for your records**
- **Any missing information will cause a delay in the processing of your claim**
- **Please allow 14 days for processing**
- **There may be quantity or other limits, please see hap.org/testFAQs for details**

Please Note: if you paid for an At-Home OTC COVID-19 Test Kit using a Flexible Spending Account (FSA) or Health Savings Account (HAS), you may need to reimburse that FSA or HSA account with any reimbursement you receive from HAP. Otherwise, you may be subject to penalty from the IRS.

Step 1: Type of Plan

- HAP HMO/POS Alliance Health and Life Insurance Co. – PPO/EPO/ASO
- HAP Preferred – EPA/EPO

Step 2: Member/Beneficiary Information (Please Print)

Member Name: _____ ID Number: _____

Address: _____ Date of Birth: _____

City, State, Zip: _____

Phone Number: _____

Step 3: Submission Information

For each At-Home OTC COVID-19 Test Kit, please indicate:

Kit 1

Member Name: _____ Date Kit Purchased: _____

FDA-Approved OTC COVID-19 Test Kit Name: _____

Test UPC or Product SKU (listed on the receipt and/or product label):

Dollar amount charged for each kit: _____

Number of tests within each kit: _____

Kit 2 (if applicable)

Member Name: _____ Date Kit Purchased: _____

FDA-Approved OTC COVID-19 Test Kit Name: _____

Test UPC or Product SKU (listed on the receipt and/or product label):

Dollar amount charged for each kit: _____

Number of tests within each kit: _____

Kit 3 (if applicable)

Member Name: _____ Date Kit Purchased: _____

FDA-Approved OTC COVID-19 Test Kit Name: _____

Test UPC or Product SKU (listed on the receipt and/or product label):

Dollar amount charged for each kit: _____

Number of tests within each kit: _____

Step 4: Attestation

By signing below, I attest to the following:

- I am a Member or Beneficiary of the health plan noted in sections 1 and 2 of this form (“Health Plan”).
- The At-Home OTC COVID-19 Test Kit for which I am requesting reimbursement is for my personal use or for the use of my family member who is a Member or Beneficiary of the Health Plan, and I will not resell the At-Home OTC COVID-19 Test Kit.
- Neither I, nor any of my family members, will be reimbursed for the At-Home OTC COVID-19 Test Kit by any other source.
- The At-Home OTC COVID-19 Test Kit is intended for the individualized diagnosis or treatment of COVID-19 and is not purchased or used for any other purpose, including to comply with employment or return to school requirements, public health screening requirements, etc.
- I have read and agree to the requirements and other information contained on hap.org/testFAQs.

Signature: _____

Step 5: Submit to

Health Alliance Plan
Pharmacy Reimbursement
2850 West Grand Boulevard
Detroit, MI 48202

TAPE RECEIPT(S) HERE
(or on a separate sheet of paper)

If you have any questions or concerns, please contact HAP Customer Service at the phone number listed on your HAP ID card.

If you are speech impaired, please use our toll-free TTY/TDD line at 711.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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Nondiscrimination Notice

Health Alliance Plan of Michigan (HAP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. HAP does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HAP provides:

- Free aids and services to help people communicate effectively with us
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, others)
- Free language services to people whose primary language is not English
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact HAP's customer service manager:

General - (800) 422-4641

Medicare - (800) 801-1770

If you believe that HAP has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability or sex, you can file a grievance with HAP's Associate Vice President Performance Improvement & Management. Use the information below:

- **Mail:** 2850 West Grand Boulevard, Detroit, Michigan 48202
- **Phone:** **General** - (800) 422-4641 **Medicare** - (800) 801-1770
TTY: 711
- **Fax:** (313) 664-5866
- **Email:** msweb1@hap.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** Use the Office for Civil Rights' Complaint Portal Assistant at:
ocrportal.hhs.gov/ocr/portal/lobby.jsf.
- **Mail:** U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.
- **Phone:** (800) 368-1019 or TTY: (800) 537-7697.

Complaint forms are also available at www.hhs.gov/ocr/filing-with-ocr/



VINI RE: Nëse flisni shqip, ju ofrohen shërbime ndihme gjuhësore falas. Për ndihmë të përgjithshme, telefononi numrin (800) 422-4641 (TTY: 711). Për ndihmë nga "Medicare", telefononi numrin (800) 801-1770 (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية مجاناً. للحصول على المساعدة العامة اتصل بالرقم (800) 422-4641 (خدمة الهاتف النصي: 711). للحصول على المساعدة المتعلقة بتغطية Medicare، اتصل بالرقم (800) 801-1770 (خدمة الهاتف النصي: 711).

নজর দিন: আপনি বাংলা ভাষায় কথা বললে, ভাষা সহায়তার পিরেষবা বিনামূল্যে আপনার জন্য উপলব্ধ। সাধারণ সহায়তার জন্য (800) 422-4641(TTY: 711) নম্বরে ফোন করুন। Medicare সহায়তার জন্য (800) 801-1770 (TTY: 711) নম্বরে ফোন করুন।

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。如需一般援助，請致電 (800) 422-4641 或 TTY 用戶請致電 711。如需 Medicare 援助，請致電 (800) 801-1770 或 TTY 用戶請致電 711。

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Allgemeine Hilfe erhalten Sie unter der Rufnummer (800) 422-4641 (TTY: 711). Für Medicare-Unterstützung wenden Sie sich bitte an folgende Rufnummer: (800) 801-1770 (TTY : 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Per assistenza generica, chiamare il numero (800) 422-4641 (TTY: 711). Per assistenza Medicare, chiamare il numero (800) 801-1770 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。一般支援については、(800) 422-4641 まで（TTY ユーザーは 711 まで）、お電話にてご連絡ください。Medicare 支援については、(800) 801-1770 まで（TTY ユーザーは 711 まで）、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 일반 지원은 (800) 422-4641(TTY: 711)번으로 전화해 주십시오. Medicare 지원은 (800) 801-1770(TTY: 711)번으로 전화해 주십시오.

UWAGA: jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (800) 422-4641 (TTY: 711) w celu uzyskania pomocy w sprawach ogólnych. W celu uzyskania wsparcia Medicare zadzwoń pod nr (800) 801-1770 (TTY: 711).

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. По вопросам получения общей помощи обращайтесь по номеру (800) 422-4641 (телетайп: 711). Обращайтесь в Medicare по номеру (800) 801-1770 (телетайп: 711).

NAPOMENA: Ako govorite hrvatski/srpski, dostupna Vam je besplatna podrška na Vašem jeziku. Za opću podršku nazovite na broj (800) 422-4641 (tekstualni telefon za osobe oštećena sluha: 711). Za podršku vezano za program Medicare nazovite na broj (800) 801-1770 (tekstualni telefon za osobe oštećena sluha: 711).

ATENCIÓN: si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Para obtener ayuda general, llame al (800) 422-4641 (los usuarios TTY deben llamar al 711). Para obtener ayuda de Medicare, llame al (800) 801-1770 (los usuarios TTY deben llamar al 711).

අධිකාරියා: ඔබ ඉංග්‍රීසි භාෂාවකින් කතා කරන්නේ නම්, නොමිලේ භාෂා සහාය සේවාවන් ඔබට ලබාදීමට අපට සූදානම්වෙමු. සාමාන්‍ය සහාය සඳහා (800) 422-4641 (TTY: 711) අංකයට වැදගත් කරන්න. Medicare සහාය සඳහා (800) 801-1770 (TTY: 711) අංකයට වැදගත් කරන්න.

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Para sa pangkalahatang tulong, tumawag sa (800) 422-4641 (TTY: 711). Para sa tulong sa Medicare, tumawag sa (800) 801-1770 (TTY: 711).

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Để được trợ giúp chung, hãy gọi (800) 422-4641 (TTY: 711). Để được trợ giúp về y tế (Medicare), hãy gọi (800) 801-1770 (TTY: 711).