CerpassRx
5904 Stone Creek Drive, Ste.120
The Colony, TX 75056
1-844-636-7506
www.cerpassrx.com

Covid 19 - At Home Testing
Direct Reimbursement Claim Form

When to use this from:

This claim form is to be used only when you have purchased the full cost of Covid 19 testing kit(s) and are requesting reimbursement with a valid receipt on or after 1/15/2022.

Please fill out the necessary information below and include your valid purchase receipt with this form. Payments will be processed within 4 to 6 weeks of receipt.

Instructions:

- The purpose of this form is for you to request reimbursement for out-of-pocket purchases of the Covid 19 test kits without using your health plan card or other reasons approved by your health plan.
- To process your request within 4 to 6 weeks after receiving your request, it is important to complete all the information including your valid receipt.
- Please use a separate form for each individual patient.

Patient Information
Member ID Number:
Group Number:
Patient Name:
Date of Birth:
Patient Address:
Patient Telephone Number:
Name of Legal Representative (If applicable):

Patient Signature or Legal Representative _____ Date _____

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Purchased Information Section:

Pharmacy Purchased location	Rx Number - if available	Date purchased	
Number of kits	Manufacturer name(s)		
If issued by Doctor- Physician Name	Physician NPI		Total Paid

Pharmacy Purchased location	Rx Number - if available	Date purchased	
Number of kits	Manufacturer name(s)		
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To process your request for reimbursement, it is necessary that you include the following documents:

- The original paid receipt(s) must accompany this form. A cash register or charge receipt is acceptable. Handwritten receipts are not acceptable.
- If you no longer have original receipt(s) please ask your purchase provider or pharmacy to give you a printout copy or receipt.
- Please allow 4 to 6 weeks for processing and payment of your claim(s). Claim forms submitted without the required information will be returned and/or will cause payment delay.

If you have any questions, please contact our customer service center at (844) 636-7506.

Remember to sign the direct Covid19 reimbursement form and send original receipts.

Send to: **CerpassRx**
5904 Stone Creek Drive Ste.120
The Colony, TX 75056

Fax # (469) 533-9967

Email forms to: manualclaims@cerpassrx.com