

**1. PERSONAL INFORMATION (please print)**

Participant Name (First / Last) \_\_\_\_\_ GHP ID # \_\_\_\_\_

Dependent Name (if applicable) \_\_\_\_\_ Participant Phone # \_\_\_\_\_

**2. HOW TO FILE A CLAIM**

- This form should be completed for reimbursement for any OTC COVID-19 at-home tests purchased between January 15, 2022, and March 31, 2022. Effective April 1, 2022, reimbursement will be limited to \$12 per test and reimbursement should be requested from Express Scripts using the Express Scripts Prescription Drug Reimbursement Form. If Medicare is your primary insurance, please contact Medicare for OTC Covid-19 at-home test kit availability or reimbursement options.
- Use one form per family member to request over the counter COVID-19 test kit reimbursement.
- Complete purchase information below.
- Attach all receipts and UPC barcode(s) from the test kit box(s) to this form (copies are acceptable).
- The maximum number of tests allowed for reimbursement is 8 per 30-day period per individual during the national health emergency.

| Purchase Date | Name of Retail Store Tests Purchased From | # of Tests Purchased | # of Tests per Box | Total Charges |
|---------------|---|----------------------|--------------------|---------------|
|               |   |                      |                    | \$            |
|               |   |                      |                    | \$            |
|               |   |                      |                    | \$            |
|               |   |                      |                    | \$            |

**Total Expenses**

**\$**

**3. WHERE DO I SEND MY CLAIM?**

1. Mail your claim to: **NTCA 30 Town Square Blvd Suite 300 Asheville, NC 28803**
2. Or fax your claim to NTCA at: **828-255-9510**

**4. PARTICIPANT AUTHORIZATION / ATTESTATION**

I certify that the OTC COVID-19 test was purchased by the participant or eligible dependent for personal use, not for return to school or return to work purposes, has not been (and will not be) reimbursed by another source and will not be resold.

\_\_\_\_\_  
Participant's Signature (required)

\_\_\_\_\_  
Date