

# COVID-19 AT HOME TEST REIMBURSEMENT FORM



Use this form to request reimbursement for FDA-approved COVID-19 At Home Tests that you have purchased. A separate form must be submitted for each Member requesting reimbursement. Alliant will reimburse each Member up to \$12 for each FDA-approved COVID-19 diagnostic test purchased, for a total limit of eight (8) tests per Member per month. Alliant will reimburse Members for COVID-19 At Home Tests purchased on or after January 15, 2022.

**Please complete electronically or in blue or black ink only.**

Member Information				
Full Name			Member ID	
Street Address	City	County	State	ZIP
Email Address	Phone Number		Date of Birth (MM/DD/YYYY)	
Test Reimbursement Information				
Reimbursement Payable To				
Name of Test Kit			Date of Purchase (MM/DD/YYYY)	
Number of Tests Per Kit	Number of Test Kits Purchased		Purchase Amount	
Reimbursement Address (if different from Member Information)	City	County	State	ZIP

## Certification

I certify that all the information supplied is true and correct.

I further certify that the FDA-approved COVID-19 diagnostic tests have been purchased by me for my or my covered dependents personal use only.

I understand that Alliant does not cover the reimbursement of COVID-19 diagnostic tests used in connection with my employment or required by an employer.

As individual with the capacity to provide consent, my typed full name below constitutes my signature and is intended to be binding.

Signature \_\_\_\_\_  
(Member or Member's Parent or Guardian)

Date \_\_\_\_\_  
(MM/DD/YYYY)

Return this form, and itemized receipt to Alliant Health Plans

Mail: Alliant Health Plans  
PO Box 2667  
Dalton, GA 30722  
Email: CustomerService@AlliantPlans.com  
Fax: (866) 634-8917

### An itemized receipt must include:

- Proof of purchase on or after January 15, 2022
- Description of COVID-19 diagnostic test kit
- Amount paid for each test that you purchased
- Quantity of tests purchased

(SAMPLE RECEIPT)	
YOUR PHARMACY	
1234 WILLIAMSON RD DALTON, GA 30722 (555) 555-5555	
01/20/2022	08:15 PM
REG#11 TRAN#7007 CSHR#78115 STR#1234	
HELPED BY: MARCIA	
1 BINAXNOW RAPID TEST(2)	QTY: 1 EACH \$23.99

Important: Claims cannot be processed until this form is properly completed and received. If you require assistance, contact Customer Service at (866) 403-2785.