



At-Home COVID Test Kit (OTC) EHIM Reimbursement Form

Please use this form to request reimbursement for COVID-19 tests you have paid for out of your own pocket.

- To be eligible for reimbursement, your test must be authorized by the Food and Drug Administration (FDA)
- There is a limit of 8 tests per member per month (based on the date of purchase)
- The test must have been purchased on or after January 15, 2022
- Please provide a receipt with this form
- Reimbursement will not be approved without all the documentation listed above. All fields below must be completed to enable processing of your request.

Date:	
Member Name:	
Date of Birth:	
Cardholder Phone #:	
Plan Name:	
Group #:	
Cardholder ID#:	
Manufacturer:	
Place Purchased:	
Date of Purchase:	
Cost of Test(s):	
Attestation:	By signing below, I attest to the following: <i>I am an EHIM member and the OTC test kit for which I am requesting reimbursement is for my personal use or the use of my family member and I will not resell the test kit. Neither I or any other family member will be reimbursed by any other source</i> Signature: _____

This form must be completed, signed and returned via Fax at (248) 948-9904, e-mail rxreimbursements@ehimrx.com or mail:

EHIM Prescription Reimbursement Department
26711 Northwestern Highway, Suite 400
Southfield, Michigan 48033
Phone: (248) 948-9900 Fax: (248) 948-9904