Submit a prescription claim

Save time by submitting your prescription claims online. First, you'll enter details about your prescription, and then you'll upload a copy of your receipt.

All claims are subject to review, and reimbursement is not guaranteed.

Submit a new claim
Submit at-home COVID-19 test reimbursement claim
Submit prescription claim

Manage my claims
Track submitted claims
View or finish drafts
View claim history
Copy submitted prescription claims
Who is this claim for?

Select the person you'd like to make a claim for:

- [ ] Self
- [ ] Family member or dependent

Each covered member can submit their reimbursement claims up to 8 at-home COVID-19 tests per month.

Continue

Back
Let's start by making sure we have the right information for your prescription claim.

If you need to change the address or phone number for this claim, select the "Edit" link. All fields are required unless marked optional.

**Primary card holder:**

**Patient delivery address:**

Address to send the check. To change the address for reimbursement, select "Edit". (This is a one-time change only, and will only be applied to this claim.)

**Patient phone:**

If we have questions, we may use this number to contact you. To change the phone number for this claim, select "Edit". (This is a one-time change only, and will only be applied to this claim.)

Continue
Enter claim information

How many at-home COVID-19 tests are on your receipt for the covered member?

1

Name of test

Select Test

Store name

Location of purchase

Date of purchase

MM/DD/YYYY

Note: Only purchases made on or after January 15, 2022 are eligible for reimbursement.

Price of purchase

$XXX.XX

Enter the total price for tests purchased only for the member covered by this claim.

Continue
Enter claim information

How many at-home COVID-19 tests are on your receipt for the covered member?

1

Name of test

Select Test

BinaxNOW COVID-19 AG Card Home Test
BinaxNOW COVID-19 Antigen Self Test
BinaxNOW COVID-19 AG Card 2 Home Test
COVID-19 At-Home Test (BD Biosensor)
CLINTEST Rapid COVID-19 Antigen Self-Test
Health COVID-19 Antigen Rapid Test
CareStart COVID-19 Antigen Home Test
BD Vector At-Home COVID-19 Test
SARS-CoV-2 Ag Detect Rapid Self-Test
IntelSwab COVID-19 Rapid Test
Celltrion DiaDxTest COVID-19 Ag Home Test
QuickVue At-Home OTC COVID-19 Test
Flowflex COVID-19 Antigen Home Test
IntelSwab COVID-19 Rapid Test Rx
QuickVue At-Home COVID-19 Test
Ellumet COVID-19 Home Test
Other - specify in open end field

Enter the total price for tests purchased only for the member covered by this claim.

Continue
How to upload your receipt

Next, you’ll need to attach a receipt of your at-home COVID-19 test purchase. You can either attach a photo of your physical receipt or upload a digital receipt.

If you purchased tests for multiple covered members on the same receipt, you can file another claim after submitting this one.

The receipt must show:

- Name of test
- Store name
- Date of purchase
- Purchase price

Maximum file size: 3MB
Accepted formats include JPEG, PNG and PDF.

[Attach receipt]
Complete and submit your claim

Test(s) included in this claim:

Flowflex COVID-19 Antigen Home Test
01/17/2022

Signature required: Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify the at-home COVID-19 test was purchased for my own personal diagnostic use (or use by a covered member of my family), not for employment purposes, has not been and will not be reimbursed by another source, and is not for resale. I certify that I have read and understand this form, and that all the information entered in this form is true and correct.

Date of signature:
01/17/2022

Submit claim