



Commercial Member Reimbursement Form

At-Home COVID-19 Diagnostic Tests

Applicable for purchase dates from January 15, 2022 until the end of the declared Public Health Emergency. Reimbursement limit of up to eight tests per covered member per month applies. Only at-home tests with FDA approval, emergency use authorization (EUA), or other applicable clearance under Section 6001(a)(1) of the FFCRA are eligible for reimbursement. The FDA directory of tests with EUA can be found [here](#).

1. Fully complete sections 1-4 of this form. Please use dark ink and print clearly or fill electronically.
2. Enclose your original receipts **and UPC barcodes cut from the box**. Do not attach receipts to this form.
3. Keep copies for your records. Receipts will not be returned.
4. Mail the completed form to VIVA HEALTH within 180 days from the date of service.
5. A separate form must be completed for each member for whom reimbursement is sought.
6. Quantity limits apply based on the month of purchase.

Section 1 - Member Information (for whom the test is for)	
Member Name	Member Number (on your member ID card)
Member Date of Birth	Member Mailing Address
Section 2 – Reimbursement Details	
Testing Kit Name (brand, manufacturer, description, etc.)	Number of Tests in the Kit
Testing Kit REF, Lot Number, and/or UPC (if applicable please include)	
Section 3 – Enclose Receipt(s) and UPC barcode(s) from Testing Kit Box	
Receipts must contain purchase date, purchase amount, and proof of payment. Cut out and attach barcode from box.	
Section 4 - Attestation	
I attest that the at-home COVID-19 test for which I am seeking reimbursement was purchased by or for the participant, beneficiary, or enrollee for personal use, not for employment purposes, has not been (and will not be) reimbursed by another source, and is not for resale.	
X _____ Signature	_____ Date
Section 5 – Mailing Instructions	
VIVA HEALTH, INC. ATTN: Commercial Claims Department 417 20 th Street North, Suite 1100 Birmingham, AL 35203	

Questions? Contact VIVA HEALTH Customer Service: (205) 558-7474 or 1-800-294-7780

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務. 請致電 1-800-294-7780 (TTY : 711).