

COVID-19 Testing Reimbursement

How to Complete a Medical Claim Form

If you paid up front for COVID-19 testing from a medical provider or pharmacy, you can request reimbursement. We're here to help you through the process.

Step 1: Review the Requirements

To be eligible for reimbursement, your COVID-19 test must be FDA-approved and ordered by a physician. Employment-related surveillance or "return to work testing," whether voluntary or mandated by the employer, is not covered under your healthcare plan and should not be submitted for reimbursement.

Note: Eligible testing will be reimbursed at 100%. However, reimbursement may be reduced if you received your test from a non-network provider and they charged more than our allowed amount.

Step 2: Download a Claim Form

To request reimbursement for eligible COVID-19 testing, you will need to submit a [Medical Claim Form](#). This form is located on My Health Plan under Resources & Tools > Forms.

Step 3: Complete the Form

Complete each field and make sure you have a copy of the bill from your provider. To process your request, we must have all the information listed below. Ask your provider to give you this information.

- Patient name
- Date of service (i.e., the date you received your COVID-19 test)
- Name and address of the provider
- Provider tax identification number (TIN)
- A description of the service provided
- Diagnosis code
- Procedure code
- Amount charged (i.e., the amount you paid for the service for which you are requesting reimbursement)

Step 4: Submit the Form

Send completed forms electronically by clicking SUBMIT on the form or emailing NewClaims@MedMutual.com. You can also print and mail the form to the Medical Mutual address listed on your member ID card.

If you have questions or need assistance, call Customer Care at the number on your ID card.