COVID Test Direct Member Reimbursement Form – Medicaid and Healthy Michigan

You must complete this form to get a refund for COVID-19 tests that you paid for out of pocket.

Important Information:

Only FDA-authorized tests are eligible for a refund.

- Tests purchased before April 1, 2022 do not qualify for a refund unless ordered by your health care provider.
- Proof of payment must be submitted with this form. Please include:
  - Original paid receipt that includes the name of the test.
  - UPC code from the package
  - Date of purchase
- Limit of 8 tests allowed for a refund per member per month.
- Packages with more than one test will count separately toward your monthly maximum but are refundable.
- Payment is limited to no more than the total expense per test or $12per test, whichever is less
- These tests are not available for repayment:
  - Tests bought from a private person or from a resale marketplace.
  - Tests that are repaid by another source
  - Tests given for free
  - Test covered by pharmacy benefit plans

Complete one request per person.

Member Name:_____Member ID: _____

Phone Number: _____

Address: _____
　　　　　　　　　Street　　　　　　　　　　　City　　　　　　　State　　　　ZIP

Name of the FDA-Authorized Test and Manufacturer:_____
UPC Code:_____
Place of Purchase (name of pharmacy): _____
Number of Tests Purchased: _____
If Multiple Tests, Number of Tests per Box: _____
Reimbursement Amount Requested: _____

McLaren Health Plan
G-3245 Beecher Road • Flint, Michigan • 48532
tel 888-327-0671 (TTY: 711) • fax 833-540-8648
McLarenHealthPlan.org

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By signing and submitting this form, I attest the information I provided is accurate and complete. Knowingly filing false, incomplete or misleading information may be subject to criminal or civil penalties.

Signature: _____ Date: _____

Please mail, fax or email completed form along with proof of payment to:
McLaren Health Plan
Attn: Pharmacy Project Coordinator
G-3245 Beecher Rd.
Flint, MI 48532
Fax: 810-600-7929
Email: mhppharmacy@mclaren.org