

UHC Document Submitter Information

COVID-19 Reimbursement Form for virus and antibody testing for Members.

Before you begin your COVID-19 Reimbursement form, please review the following instructions carefully:

You should contact your health care provider to order a COVID-19 test. If your health care provider determines that you should be tested for COVID-19 and orders the test, then reimbursement for services rendered can be submitted using this form. Testing kits ordered online without the physicians order included in your submission will not be reimbursed.

Submitting original documents is always helpful in expediting the processing of your claim. When possible, send the original claim, itemized bill, and medical records. This is especially helpful for inpatient hospital bills. Please download a copy of all documentation for your records.

In order for us to process your claim, you will also need the following:

- Clear and legible supporting information, such as proof of payment, itemized bills, and claim documents or medical notes
- Emergency room or facility charges must have an itemized bill attached in the submission
- Member last name and first name
- Group policy number
- Member ID
- Patient name
- Description of service or type of service rendered
- Health care provider contact information
- Procedure codes
- Diagnosis codes
- Total charge and paid amount
- Provider or laboratory tax ID

Please submit one claim form per patient.

We want to process your claim as quickly as possible, but missing information can cause a claim to be delayed or denied.

Note: If you have a date range for services rendered by the same provider, for the same patient and for the same service, you can complete one form. The date range must include the start and end dates of service. The attachment should include the applicable documents, including a copy of the claim, itemized bill, medical notes, or proof of payment for the dates of services being submitted. (i.e. Date of service 1/1/2020 -1/15/2020)

Please enter your name and email to begin.

Submitter

Your Legal Name: *

Name Required

Your Email: *

Email Required

BEGIN FORM