

**AmeriHealth Caritas Pennsylvania Community HealthChoices (CHC)
Over-the-Counter COVID-19 Test Kit
Reimbursement Request Form (2/14/2022)**

This form along with a **copy** of the receipt for the COVID-19 Test Kit(s) you bought should be mailed to:

PerformRx / AmeriHealth Caritas Pennsylvania CHC
P.O. Box 336
Essington, PA 19029

Participants can be reimbursed for up to 8 tests per 30 days for tests you bought between August 30, 2021 and February 13, 2022

Participant First Name	
Participant Last Name	
Participant Date of Birth	
AmeriHealth Caritas PA CHC ID Number	
Participant Home Phone Number	
Participant Mobile Phone Number	
Participant Email Address	
Test Kit Name/Brand you bought	
NDC# for the Kit(s) you bought (if you have it)	
Date you bought the Kit(s)	
Number of Kits you bought	
Cost of each Kit you bought	
Total reimbursement amount you are asking for	

Questions? Call Participant Services at 1-855-235-5115. TTY 1-855-235-5112.
If you need information in other languages or formats, go to
<https://www.amerihhealthcaritaschc.com/assets/pdf/non-discrimination-notice.pdf>