

How Members File for At-Home COVID Test Reimbursement

After logging in to member portal, click on Claims & Payments. Click Submit a Claim.

The screenshot shows the Anthem member portal interface. At the top left is the Anthem logo. To the right is a 'Translate to Spanish' button. Below the logo is a navigation menu with 'My Plans', 'Claims & Payments', 'Care', 'My Health Dashboard', and 'Support'. On the right side of the menu are 'Profile' and 'Log out' links. A large blue banner with the word 'Claims' is positioned below the navigation. The main content area is titled 'Online Claims Submission' and includes a sub-header 'Financial Summary'. The 'Online Claims Submission' section contains a paragraph of text and two buttons: 'Submit a Claim' and 'View Claims Submitted Online'. The 'Financial Summary' section features a bar chart titled 'Here's how we've covered your 12 claims' for 'Anthem Silver PPO' from 'Jun 1, 2020 to current'. The chart shows three categories: 'Total billed by providers' at \$20,882, 'Total plan discount' at \$10,208, and 'Total plan paid' at \$8,000. A fourth category, 'What you paid', is partially visible at the bottom of the chart.

Claims

Online Claims Submission

Submit medical claims for reimbursement in a timely fashion. Doing so online is easy and secure. You can also submit receipts for COVID-19 at-home tests others on your plan or you purchased.

[Submit a Claim](#) [View Claims Submitted Online](#)

Financial Summary


Here's how we've covered your 12 claims

Medical, Pharmacy
Anthem Silver PPO

Total billed by providers		\$20,882
Jun 1, 2020 to current		
Total plan discount	<div style="width: 49%;"></div>	\$10,208
Total plan paid	<div style="width: 38%;"></div>	\$8,000
What you paid	<div style="width: 13%;"></div>	\$2,674

[View Plan Benefits](#)

Choose Domestic and click Next.



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Claims

[← Back to Claims History](#)

Submit An Out-Of-Network Medical Claim Or A COVID-19 At-Home Test Reimbursement Request

Your plan will pay for up to eight COVID-19 at-home tests per month, per member. This includes tests purchased at a retail store or online retailer.
Note: Medicare members aren't eligible for COVID-19 at-home test reimbursements.

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Select Claim Type

Domestic
Select Domestic if this claim was for a service performed or for a COVID-19 at-home test purchased:

- In the United States, Puerto Rico, or Virgin Islands; or
- On a U.S. military base; or
- On a cruise ship and the bill given to you was written in English.

International
Select International if this claim was for a service performed or for a COVID-19 at-home test purchased:

- Outside the United States, Puerto Rico, or Virgin Islands; or
- On a cruise ship and the bill given to you was written in a foreign language (non-English).

[Next](#)

From here, fill in/answer all fields related to the purchase of the At-Home COVID test.

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Claims

Service Information Submitting Your Bill Patient Information Reimbursement Method

Submit An Out-Of-Network Medical Claim Or A COVID-19 At-Home Test Reimbursement Request

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Domestic Claim

Was This Condition Or Injury Job Related?

Yes
 No

First Service Date On Your Itemized Bill Or Purchase Date Of Your COVID-19 At-Home Test ⓘ

10/20/2019

Location Where Service Was Performed Or Where the COVID-19 At-Home Test Was Purchased (retail store or online retailer): ⓘ

Select a state

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Submit An Out-Of-Network Medical Claim Or A COVID-19 At-Home Test Reimbursement Request

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Required Information

For reimbursement of a COVID-19 at-home test, please provide:

1. Retailer's Name where the COVID-19 at-home test was purchased (retail store or online retailer)
2. For Doctor's or Healthcare Professional's Tax ID, please input (or copy) the following number for Retailer: 90000001
3. Additional Required Information below is NOT Required for Reimbursement of COVID-19 At-Home Test
4. Select Yes for "Are all of these items on your bill?" and then select Next
5. On the following page, please upload the receipt of your COVID-19 at-home test purchase.

For Medical Bill Submissions:

Enter your doctor's or other healthcare professional's name and tax ID. Please include their name and tax ID must also be on your bill. If they aren't, please add them before submitting. Any missing information can be handwritten on to the bill.

Doctor's Health Professional's Or Retailer's Name Where The COVID-19 At-Home Test Was Purchased (retail store or online retailer)

Online Retailer

Doctor's Healthcare Professional's Tax ID (For Retailer, Enter 90000001) ⓘ

90000001

Additional Required Information

Your medical bill must include the following information. If it doesn't, we can't process your claim. Note: Any missing information can be handwritten on to the bill.

- Doctor's Or Healthcare Professional's Address
- Procedure/CPT/Service Code ⓘ
- Date Of Service For Each Service
- Amount Charged For Each Service
- Diagnosis Code ⓘ
- Patient Name
- Place Of Service ⓘ

Are all of these items on your bill? For a COVID-19 at-home test reimbursement, please select Yes.

No, Or Not Sure Yes

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Itemized Bill Example

ABC Health Associates

1 Box Covid-19 At-Home Test
Retailer: ABC Health Associates
Phone: 123-456-7890
Address: 123 Main St, Anytown, CA 90001

Item	Description	Quantity	Unit Price	Total Price
1	COVID-19 At-Home Test	1	\$100.00	\$100.00
2	COVID-19 At-Home Test	1	\$100.00	\$100.00
Subtotal				\$200.00
Tax				\$20.00
Total				\$220.00

Upload bill/receipt of COVID-19 At-Home test kit.



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Claims


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Submit An Out-Of-Network Medical Claim Or A COVID-19 At-Home Test Reimbursement Request

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Upload Your Bill Or COVID-19 At-home Test Receipts. We'll Attach It To Your Claim.

You can add more than one file for your bill or COVID-19 at-home test receipts. Acceptable file formats: pdf, jpg, jpeg, tif, tiff, png. Maximum total upload size: 10 MB.



Upload Files


Select File(s) to Upload

Uploaded Files

COVID_Receipt_pg1.png Preview Rename 186k	COVID_Receipt_pg2.png Preview Rename 186k
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Complete personal info on next two screens.



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Claims

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Patient Or Member Who Purchased The COVID-19 At-Home Test

Patient Name Or Name Of Member Who Purchased The COVID-19 At-Home Test


Select a patient: ▾

Does This Patient Have Other Insurance Coverage?

Yes

No

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Claims

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Submit Patient Contact Information For This Claim

Home Phone Number

Email

Work Phone Number

Mobile Phone Number

Select an address for us to use to let you know if we can't process your claim

Address

Select an address ▾

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Add a reimbursement method and then click Submit. On the last screen you will receive confirmation that your submission has been rec'd. Please allow 30-45 days to review & process.

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Claims

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Reimbursement Method

[Add new reimbursement method](#)

Direct Deposit*

Timothy Skinner
Bank of America
Act #: XXXX-XXXX-5298
Default

Dorothy Skinner
Bank of America
Act #: XXXX-XXXX-5298
[Save as Default](#)

By saving a bank account as your default, you're authorizing ACH direct deposit transactions to be sent to it for reimbursements of out-of-pocket health expenses owed to you. **Note:** You can cancel this authorization and submit a new one by editing your bank account details or selecting another bank account as your default at any time, or you can select to have reimbursements be mailed as paper checks.

Paper Check By Mail

1 To update your address for paper check reimbursements, please contact your employer's benefit administrator or the health insurance exchange where you signed up for your plan.

3928 Address Street
APT 01
Atlanta, GA 23233
[Save as Default](#)

I certify that, to the best of my knowledge, the information for this claim is true and correct. I authorize the release of any medical information necessary to process this claim. If this claim is for a COVID-19 at-home test, I certify that the test was purchased for personal use and not for resale.

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Service Information Submitting Your Bill Patient Information Reimbursement Method

Submit An Out-Of-Network Medical Claim Or A COVID-19 At-Home Test Reimbursement Request

Success!

Thank you. Your claim has been submitted. Please allow 30 to 45 days for review and processing.

[Submit Another Claim](#)

[View Online Claims Submitted](#)