

# At-Home COVID-19 Test Claim Form



Quartz

840 Carolina Street • Sauk City, WI 53583-1374  
 (800) 362-3310 or TTY 711 • Fax (608) 643-2564  
[QuartzBenefits.com](http://QuartzBenefits.com)

If you have paid for an FDA-authorized at-home COVID-19 test, not to be used for employment purposes, not to be used for resale, and intended for your own personal use, please complete this form. Quartz will not cover at-home tests purchased before January 15, 2022. **All sections of this form and the appropriate documentation must be provided for Quartz to process for reimbursement.**

## I. MEMBER INFORMATION

### PATIENT INFORMATION

Last Name	First Name	MI
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### SUBSCRIBER INFORMATION

Member ID Number		
Last Name	First Name	MI
Street Address (please include apartment number)		
City	State	Zip Code
Home Phone Number (     )	Work Phone Number (     )	Date of Birth (mm/dd/yyyy) ___/___/____

## II. DOCUMENTATION

In order for Quartz to process your claim, you must complete this reimbursement form **(including signature and date)** and attach ALL of the following pieces of documentation.

- Proof of Payment**  
 Receipt for Service from the Retailer that indicates:
- ▶ Date of Purchase
  - ▶ Product Description
  - ▶ Amount Paid

	DATE OF PURCHASE	PLACE OF PURCHASE	PRODUCT DESCRIPTION	NUMBER OF TESTS <small>(Note: Indicate the TOTAL number of tests you purchased. If you purchased 4 boxes that contain 2 tests in each box, then enter 8.)</small>	AMOUNT PAID (\$)
Example	01/25/2022	ABC Location	BinaxNow COVID-19 Home Test	8	96
1	___/___/____				
2	___/___/____				
3	___/___/____				
4	___/___/____				
5	___/___/____				
6	___/___/____				

By signing this form, I attest that the over-the-counter FDA-authorized at-home COVID-19 test is being used for non-employment reasons, will not be used for resale, and is intended for my own personal use.  
 To verify FDA approval, go to [In Vitro Diagnostics EUAs - Antigen Diagnostic Tests for SARS-CoV-2 | FDA](#)

Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_

### III. IMPORTANT INFORMATION

- ▶ Do not file any other medical or pharmacy reimbursements on this form.
- ▶ Complete a separate form for each covered family member.
- ▶ Do not file a claim if the retailer is filing for the same services.
- ▶ Claims must be filed within 12 months from the date of service or they will be denied.
- ▶ Quartz processes claims within 30 days of receipt. The reimbursement check will be made out to and sent to the policyholder of the health plan.

Once completed and the appropriate documentation is attached, fax this form and documentation to **(608) 644-2006** or mail to:

**Quartz**

Attn: Claims

P.O. Box 211221

Eagan, MN 55121