

Reimbursement Request

OTC COVID-19 Testing Reimbursement for Schools or Employers

A school or employer required by federal, state or local public health order to conduct COVID-19 screening testing may request reimbursement for Over-the-Counter (OTC) COVID-19 tests distributed or administered to Sutter Health Plus Members. Use this Sutter Health Plus Form to request reimbursement.

Follow the instructions below to file a claim for reimbursement of covered services. Sutter Health Plus may delay or return your claim if any information is missing.

- Fill out this entire Form for paid services with all requested information
- Attach dated receipts or invoices showing proof of payment
- Include a completed Form W-9 with Taxpayer Identification Number and Certification (TIN) information
- If submitting reimbursement for more than 5 members, contact SHPClaimsMailbox@sutterhealth.org for an Excel template

Mail or email the completed form and requested documentation to the address below to request reimbursement.

Email: SHPClaimsMailbox@sutterhealth.org

Mail:
Sutter Health Plus
Attn: Claims Operations
P.O. Box 211314
Eagan, MN 55121

If you have any questions about how to complete this form, please call Sutter Health Plus Account Services at 1-855-315-5800.

Section A – Payee Information

Payee Name

Payee TIN

Mailing Address

City

State

ZIP

Contact Name

Contact Phone

Contact Email

Section B – COVID-19 Test Information

Test Description	Date of Distribution	Member Name	Member ID Number	Member Date of Birth	
Provider/Supplier	Test Quantity	Cost per Test	Applicable Tax and Shipping	Total Amount Paid	Date Vendor/ Invoice Paid

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Total Test Quantity	Total Paid Amount	Total Amount Requested for Reimbursement

Section C – Signature

By completing and signing this form to request reimbursement, you are attesting that your organization was required by a federal, state, or local public health order to conduct COVID-19 screening testing.

.....
Signature

.....
Date

.....
Printed Name (*First and Last*)

.....
Title