

Mail-in claim reimbursement process:

1. Log into the Highmark member portal at the website listed on the back of your member ID card
 1. Or click on the form below to open and skip to step 4:
[DOWNLOAD PDF](#)
2. Under the “Health Care Tools” section, click on “Find Forms”
3. Click on the arrow to expand the “Medical Forms” section and click on “PDF” under “Member Submitted Health Insurance Claim Form”
4. Fill out all necessary/required information on the form
5. Report “COVID OTC Test Reimbursement” in the “Diagnosis or Nature of Illness or Injury” section of the “Member Submitted Health Insurance Claim Form”
6. Print the “Member Submitted Health Insurance Claim Form”
7. Sign and date the “Member Submitted Health Insurance Claim Form”
8. Mail the “Member Submitted Health Insurance Claim Form” along with a dated receipt of purchase and UPC (Universal Product Code) from the test box to:

Claims

P.O. Box 890173

Camp Hill, PA 17089-0173

*NOTE: ** Please submit a separate claim form for each patient. All expenses for one patient can be submitted with one claim form.***

Digital member portal claim reimbursement process:

1. Log into the Highmark member portal at the website listed on the back of your member ID card
2. Under the “Health Care Tools” section, click on “Find Forms”
3. Click on the arrow to expand the “Medical Forms” section and click on “PDF” under “Member Submitted Health Insurance Claim Form”
4. Fill out all necessary/required information on the form
5. Report “COVID OTC Test Reimbursement” in the “Diagnosis or Nature of Illness or Injury” section of the “Member Submitted Health Insurance Claim Form”
6. Save the “Member Submitted Health Insurance Claim Form” to your computer

7. Print the “Member Submitted Health Insurance Claim Form”
8. Sign and date the “Member Submitted Health Insurance Claim Form”
9. Upload the “Member Submitted Health Insurance Claim Form” along with an image of the dated receipt of purchase and UPC (Universal Product Code) label from the test box, via Message Center on the Member Portal
10. Click on “Contact Us”
11. Select your medical plan
12. Select Message Topic of “Claim Inquiry”
13. Indicate the inquiry is for “COVID OTC Test Reimbursement”
14. Click on the Paperclip icon next to “Attach File” and browse to where you saved the “Member Submitted Health Insurance Claim Form” and copies of the receipt and UPC (Universal Product Code) label on your computer
15. Complete any of the other required fields
16. Click the “Submit” button

*NOTE: ** Please submit a separate claim form for each patient. All expenses for one patient can be submitted with one claim form.***