


CVS Portal-

Visual example for members to submit COVID OTC Test for reimbursement

Screen 1

Welcome [redacted] [Profile](#) | [Help Center](#) | [Español](#) | [Change Text Size](#) [A](#) [A](#) [A](#) | [Log Out](#)

CVS caremark [Message Center](#) [Check Drug Cost & Coverage](#) [Pharmacy Locator](#)

[Home](#) [Prescriptions](#) [Plan & Benefits](#) [Health Resources](#) 

Welcome to your dashboard, [redacted].

Access everything you need — prescription refills, plan info, drug cost comparisons, and recent orders — all right here.


At-home COVID-19 test reimbursement

If you've purchased an at-home COVID-19 test on or after January 15, 2022, you may be eligible for reimbursement.

To submit a claim, members should visit the Plan & Benefits tab and select "Submit Prescription Claim." If you're eligible, you will see a link on the page that reads "Submit at-home COVID-19 test reimbursement claim."

You are not eligible if you have Medicare, Medicare Supplement, Medicaid, or voluntary insurance.

Your To Do List (1)

 Update payment method. Card [redacted] [Update expiration date](#) >

2 prescriptions ready for refill

You have medication^s ready for refill.

[Refill all](#)

You'll be able to review your order before you submit it.

Do you want us to text you?

We can send important updates and refill reminders straight to your phone. Simply update your communication preferences to get started.

Screen 2



Home > Profile > Submit Prescription Claim

Update My Profile

English | Español

Secure Message Center

Print Member ID Card

Pay Mail Account Balance

Submit Prescription Claim

Print Plan Forms

My Account FAQs

Submit a prescription claim

Save time by submitting your prescription claims online.

Some members may also submit a reimbursement claim for at-home COVID-19 kits. Members with Medicare, Medicare Supplement, Medicaid, or voluntary insurance are not eligible for test reimbursement.

All claims are subject to review, and reimbursement is not guaranteed.

Submit a new claim

[Submit at-home COVID-19 test reimbursement claim >](#)

[Submit prescription claim >](#)

Manage my claims

[Track submitted claims >](#)



Screen 3

Update My Profile

Secure Message Center

Print Member ID Card

Pay Mail Account Balance

Submit Prescription Claim

Print Plan Forms

My Account FAQs

Who is this claim for?

Select the person you'd like to make a claim for.

Self

Family member or dependent

Each covered member can submit their reimbursement claims up to 8 at-home COVID-19 tests per month.

[Continue](#)

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- [Update My Profile](#)
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- [Print Member ID Card](#)
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Let's start by making sure we have the right information for [REDACTED]

If you need to change the address or phone number for this claim, select the "Edit" link.

All fields are required unless marked optional.

Primary card holder:

[REDACTED]

Patient delivery address:

 [Edit](#)

[REDACTED]

Address to send the check. To change the address for reimbursement, select "Edit". (This is a one-time change only, and will only be applied to this claim.)

Patient phone:

 [Edit](#)

Primary (Mobile): [REDACTED]

If we have questions, we may use this number to contact you. To change the phone number for this claim, select "Edit". (This is a one-time change only, and will only be applied to this claim.)

[Continue](#)

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Enter claim information

How many at-home COVID-19 tests are on your receipt for the covered member?

Name of test

Store name

35 character maximum

Date of purchase

MM/DD/YYYY

Note: Only purchases made on or after January 15, 2022 are eligible for reimbursement.

Price of purchase

\$XXX.XX

Enter the total price for tests purchased only for the member covered by this claim.

[Continue](#)