Keystone First

Keystone First
Over-the-Counter COVID-19 Test Kit
Reimbursement Request Form (2/14/2022)

This form along with a **copy** of the receipt for the COVID-19 Test Kit(s) you bought
should be mailed to:

PerformRx / Keystone First
P.O. Box 336
Essington, PA 19029

Members can be reimbursed for up to 8 tests per 30 days for tests you bought between August 30, 2021 and February 13, 2022

Member First Name	
Member Last Name	
Member Date of Birth	
Keystone First ID Number	
Member Home Phone Number	
Member Mobile Phone Number	
Member Email Address	
Test Kit Name/Brand you bought	
NDC# for the Kit(s) you bought (if you have it)	
Date you bought the Kit(s)	
Number of Kits you bought	
Cost of each Kit you bought	
Total reimbursement amount you are asking for	

Questions? Call Member Services at 1-800-521-6860. TTY 1-800-684-5505.
If you need information in other languages or formats, go to
https://www.keystonefirstpa.com/pdf/member/eng/non-discrimination-notice.pdf