group health Cooperative of eau claire

At-Home Over-The-Counter COVID-19 Test
Reimbursement Request

COMMERCIAL GROUP ONLY

Member Information

Group Number		Group Name	
Member Name	ID #	# Test(s) Purchased	Date Purchased
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Reimbursement Information

Name of Member Requesting Reimbursement		Contact Phone Number
Address		
City	State	ZIP

Information Provided is True and Correct

Signature	Date

Please print, attach original receipts and mail to:

Group Health Cooperative of Eau Claire
Attn: Finance
2503 N. Hillcrest Parkway
Altoona, WI 54720