

Nursing Home COVID-19 Testing Reimbursement Form

Input information about your nursing home in the table below.

Nursing Home Information	
Facility Name:	
Facility County Code License or LARA Number:	
Facility NPI:	
Facility SIGMA Vendor ID:	
Facility Address:	
Facility Contact:	
Contact's Email:	
Contact's Phone Number:	

Input reimbursable testing expense information below, the information reported must be consistent with all COVID-19 testing reimbursement guidance issued by the Michigan Department of Health and Human Services and may be subject to audit.

Testing Related Reimbursement Information	
Lab Related Expenses:	
Number of Tests Collected by the Nursing Home:	
Reimbursement Period:	

The table below shows the total reimbursement for testing related expenses due the nursing home.

Testing Reimbursement Due Nursing Home	
Lab Related Reimbursement:	
Specimen Collection Reimbursement:	
Total Reimbursement:	

By typing the individual's name below (*physical signature is not required*) and checking the certification box, the individual or officer signing this Nursing Home COVID-19 Testing Reimbursement Form certifies by his or her signature that he or she is authorized to sign this form on behalf of the nursing home, responsible governing board, official and/or contractor(s), and agrees to abide by the specific COVID-19 testing reimbursement guidance provided by the Michigan Department of Health and Human Services.

Individual Name	Individual Title	Date