

Long Term Care COVID-19 Testing Reimbursement Form

Input information about your nursing home in the table below.

Long Term Care Information	
Facility Name:	
Facility License Number:	
Facility NPI (If a Nursing Home):	
Facility SIGMA Vendor ID:	
Facility Address:	
Facility Contact:	
Facility Type	
Contact's Email:	
Contact's Phone Number:	
Reimbursement Period:	

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:	
Tests Collected by the Long Term Care Facility:	

The table below shows the total reimbursement for testing related expenses due the long term care facility.

Testing Reimbursement Due Long Term Care Facility	
Lab Related Reimbursement:	
Specimen Collection Reimbursement:	
Total Reimbursement:	

By signing the individual's name below (*physical signature is not required*) and checking the certification box, the individual or officer signing this Long Term Care 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 long term care facility, 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