Get Reimbursed by Following These Five Easy Steps

1. Fill out the enrollment form
2. Include the name and address of the childbirth class
3. Enclose photocopies of your receipts
4. Sign and date the completed form
5. Mail form to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

It's a 9-Month Adventure. We're Here for Every Step.

Learn about your maternity resources and benefits at **bluecrossma.com/maternity.**

MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Services at the number on your ID Card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

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GET READY FOR BIRTH DAY. TAKE A CLASS!

Happier Beginnings Start Here

Receive reimbursements when you take advantage of childbirth education courses.

Get ready for the experience of childbirth by taking a childbirth education course. They'll help you:

- Prepare for delivery
- Learn how to make the birthing process more comfortable
- Make decisions about your birthing plan
- Socialize with other future parents
- Ask questions

We'll Reimburse You

If you're eligible for this benefit, we'll reimburse you up to $90 for first-time-mother courses, and $45 for refresher courses.

Important Tips

- Check with your doctor to see if the hospital you've chosen for delivery offers childbirth classes
- If attending a class elsewhere, look for an instructor certified in childbirth or Lamaze
- Consider an instructor who is a registered nurse and experienced in labor and delivery

Questions?

If you have any questions, call the Member Service number on the front of your ID card.

Childbirth Classes Reimbursement Form

(Please **print** all information clearly.)

DO NOT WRITE IN THIS SPACE
OFFICE USE ONLY

SUBSCRIBER INFORMATION (person in whose name coverage is held)

Identification Number (including prefix)	SUBSCRIBER LAST NAME	FIRST NAME	
X			
Address: Number and Street	City	State	Zip Code
Employee's Name			

MEMBER INFORMATION (Use a separate form for each member.)

Member's Last Name	First Name	Middle Initial	Date of Birth	Mo. / Day / Year
				/ /
Mailing Address (if different from subscriber's)				
Address: Number and Street	City	State	Zip Code	

Gender
❑ Male
❑ Female

Claimant is (check one):
❑ Subscriber (coverage holder)
❑ Spouse
❑ Child (age 18 and younger)
❑ Handicapped Dependent (age 19 or older)
❑ Student (age 18 and older)
❑ Stepchild
❑ Other (specify) _____

WHEN TO SUBMIT THIS FORM:

- After the course is completed
- Please check your certificate of coverage for a complete listing of coverage benefits

CLASS/PROGRAM INFORMATION REQUIRED

(Attach 8.5" x 11" photocopies of paid childbirth classes program receipts)

Name and Address of Class/Program — Amount Charged

TOTAL NUMBER OF RECEIPT COPIES ATTACHED: _____

TOTAL AMOUNT OF RECEIPTS SUBMITTED: $ _____

CERTIFICATION AND AUTHORIZATION (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross and Blue Shield of Massachusetts, Inc., about my program. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Subscriber's/Member's Signature:_____Date:_____

Please mail this form (including copies of paid receipts to):

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS, LOCAL CLAIMS DEPARTMENT
PO BOX 986030, BOSTON, MA 02298