

Childbirth Class Reimbursement Form

Please read the instructions below, then fill out the form on page 2.

Keep copies of all documentation before sending in your Childbirth Class Reimbursement Form.

Mailing Instructions

Please enclose copies of the following:

1. Completed and signed Childbirth Class Reimbursement Form
2. Paid receipts verifying enrollment in a qualifying childbirth education class (Receipts from the program must show name of the member, name/location of the class, amount paid and date paid.)
3. Mail the Childbirth Class Reimbursement Form and all documentation to:
Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

Commonly Asked Questions and Answers

How do I qualify for a reimbursement?

- Your plan **must** include Harvard Pilgrim's Childbirth Class Reimbursement benefit. Check with your employer for details.
- You may only submit for reimbursement once per pregnancy.

Is there a deadline for submitting my Childbirth Class Reimbursement Form?

You **must** submit the form before the end of the calendar year following the year for which you are requesting reimbursement.

How much can I claim for reimbursement?

- Subscribers may claim up to \$150 for themselves and/or their dependents.
- Reimbursement will not exceed the cost of the childbirth class.
- Subscribers may receive reimbursement for a childbirth class only once per pregnancy.

What happens once I submit the Childbirth Class Reimbursement Form?

- Reimbursement checks will be made payable to the Subscriber and mailed only to the Subscriber's address of record. No alternative address will be accepted.
- If you believe your current address is different than the address of record in Harvard Pilgrim's systems, please call the Member Services number on your ID card before submitting your Childbirth Class Reimbursement Form.
- Please allow 6-8 weeks for processing.

This information refers to plans offered by Harvard Pilgrim Health Care and its affiliates, including Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

Childbirth Class Reimbursement Form

To be filled out by Harvard Pilgrim Health Care **SUBSCRIBER** only. Please use blue or black ink and print all information clearly.

When to submit this form

- Only if your Harvard Pilgrim plan includes the Childbirth Class Reimbursement benefit.
- After you have enrolled in and paid for a childbirth education class.
- Once per pregnancy with all necessary receipts and documentation.
- Once all sections on the form have been completed and signed by the subscriber.

Section A – Subscriber Information (person who holds coverage)

Harvard Pilgrim ID Number	Subscriber's Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yyyy)			
Address	City	State	ZIP Code
Daytime Phone (area code) xxx-xxxx	Company Name (Employer)	Subscriber's Email	

Section B – Subscriber and/or Member Information for Reimbursement

Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)

Section C – Childbirth Class Information *(List all programs that you are submitting for on behalf of you and/or your dependents, including dates.)*

ATTACH DOCUMENTATION	Calendar Year from: mm/dd/yyyy to: mm/dd/yyyy	Name of Program	City, State	Phone Number (Area Code) xxx-xxxx	\$ Amount being claimed
	from: ___/___/___ to: ___/___/___				
from: ___/___/___ to: ___/___/___					
from: ___/___/___ to: ___/___/___					

Total number of documents _____ Total dollar amount being claimed (up to \$150) \$ _____

Section D – Subscriber Certification

I certify that the information on the form and all supporting documents are complete, accurate and unaltered. I affirm that I and/or my covered dependent(s) attended the childbirth class for which I am being reimbursed.

Subscriber's Signature _____

Date _____