



## Childbirth Class Reimbursement Form

Please read the instructions below, then fill out the Childbirth Class Reimbursement Form.

### Mailing Instructions

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

Please enclose copies of the following:

1. Completed, signed and dated 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:

**Mail 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 employer must offer Harvard Pilgrim's childbirth class reimbursement benefit.
- You may only submit for reimbursement once per pregnancy.

#### When can I submit my Reimbursement Form?

- Starting with January 1 of the current calendar year and when you have met the above-stated criteria.
- Submission must be received by March 31 of the following year.

#### How much can I claim for reimbursement?

- Reimbursement is up to \$150 per calendar year (e.g., January-December) in total for a qualified childbirth education program for the member and/or their dependents.

#### What happens once I submit the Childbirth Class Reimbursement Form?

- Reimbursement checks will be made payable to the member and mailed only to the member'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 contact us before submitting your reimbursement form.
- Please allow up to 8 weeks for processing.

Reimbursement program requirements are subject to change without notice.



## 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

- 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 member.

### Section A – Subscriber Information (person who holds coverage)

Harvard Pilgrim ID Number	Member'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)	Member's Email Address	

### 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)

### 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 per calendar year): \$ \_\_\_\_\_

### 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