Harvard Pilgrim Health Care

a Point32Health company

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.
- MA and RI small groups have until December 31 of the following year.

How much can I claim for reimbursement?

- Standard reimbursement varies by state, group size and account. For large groups up to $150 is the standard. Small groups reimbursement amounts may vary.

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 contact us before submitting your reimbursement Form.
- Please allow up to 8 weeks for processing.

Reimbursement program requirements are subject to change without notice.

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.

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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 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)

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

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