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

Get Ready for Birth Day.
Take a Class!

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

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

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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.

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**Childbirth Classes Reimbursement Form**

(Please print all information clearly.)

<table>
<thead>
<tr>
<th>SUBSCRIBER INFORMATION (person in whose name coverage is held)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification Number (including prefix)</td>
</tr>
<tr>
<td>Address: Number and Street</td>
</tr>
<tr>
<td>Employee’s Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEMBER INFORMATION (Use a separate form for each member.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member’s Last Name</td>
</tr>
<tr>
<td>Mailing Address (if different from subscriber’s)</td>
</tr>
<tr>
<td>Address: Number and Street</td>
</tr>
<tr>
<td>Gender Claimant is (check one):</td>
</tr>
<tr>
<td>q Male</td>
</tr>
<tr>
<td>q Female</td>
</tr>
<tr>
<td>q Handicapped Dependent (age 19 or older)</td>
</tr>
<tr>
<td>q Other (specify)</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Name and Address of Class/Program</th>
<th>Amount Charged</th>
</tr>
</thead>
</table>

**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