



CHILDBIRTH EDUCATION REIMBURSEMENT REQUEST

Subscriber's Name _____

Subscriber's Member ID Number _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Mobile/Cell # _____

Reimbursement Request Details

Member Name _____
(if other than the Subscriber)

Member ID Number _____

Facility's Name _____

Address _____

City _____ State _____ Zip Code _____

Class Completion Date _____ Requested Amount _____

Certification/Authorization

To the best of my knowledge and belief, my statements in this Reimbursement Request Form are complete and true. I am claiming reimbursement only for eligible expenses and for eligible members incurred during the applicable calendar year. I certify that these expenses have not been previously reimbursed in this or any other calendar year.

Subscriber's Signature _____ Date _____



CHILDBIRTH EDUCATION REIMBURSEMENT ELIGIBILITY GUIDELINES

- Childbirth education classes are often offered free of charge at many primary care sites and hospitals. Additional information on how to enroll may be available from the provider caring for you during your pregnancy or the facility where you are scheduled to deliver. Otherwise, AllWays Health Partners will reimburse you for the cost of these classes up to \$130.00 per pregnancy.
- Coverage includes childbirth education classes, in addition to parenting and infant CPR classes. You may combine multiple classes up to the \$130 limit per pregnancy. For example, you can request to be reimbursed for a \$70 childbirth class plus a \$60 CPR class.
- Eligibility is limited to AllWays Health Partners members enrolled at the time that the class was completed.
- Check will be made payable to the Subscriber of the policy. Please allow 30 business days for processing.
- **To be eligible for reimbursement, requests must be made by March 31 of the following calendar year.**
- Reimbursement requests are subject to approval by AllWays Health Partners.

Reimbursement Request Checklist

To request reimbursement for your qualifying your Childbirth Education classes, be sure to submit the following items:

- This completed form
- Copies of the certificate of class completion issued by the facility
- Copies of the bill/invoice for each class you are requesting reimbursement for
- Proof of payment

Important: Please make copies for your records of original receipts and any other documents being submitted with your reimbursement request. AllWays Health Partners cannot return these, even for denied requests.

For your convenience, you may submit your request by mail or fax as follows:

Mail:

AllWays Health Partners
Claims Department
399 Revolution Drive – Suite 940
Somerville, MA 02145

Fax:

AllWays Health Partners
Claims Department
617-526-1902