

Childbirth Education Form & Instructions

Form & Instructions

What is my childbirth education reimbursement?

Childbirth education classes are available to you and your partner or support person free of charge at many primary care sites and hospitals. Speak to the provider caring for you during your pregnancy or the facility where you plan to deliver about enrolling. If they do not offer a childbirth education program, Neighborhood Health Plan (NHP) will reimburse you for the cost of these classes up to \$130 per pregnancy.

NHP will cover childbirth education classes, plus parenting classes and infant CPR classes. You can combine multiple classes up to the \$130 limit per pregnancy. For example, you can take a \$70 childbirth class and a \$60 CPR class.

How do I request coverage for my childbirth education reimbursement?

Requesting coverage for your childbirth education classes is easy. Here's what you need to do.

Step 1

Complete the NHP Childbirth Education Reimbursement Form.

Step 2

Make copies of the certification of completion, the bill, and proof of payment for each class you are requesting reimbursement for.

Step 3

Submit the request by March 31 of the following year to:

**Neighborhood Health Plan
Claims Department
399 Revolution Drive, Suite 940
Somerville, MA 02145**

You can also fax your request form and receipts to 617-526-1902.

If you have questions about your Childbirth Education reimbursement, please call the Customer Service number on the back of your NHP member ID card.

Please note: This is for NHP members enrolled in a plan at the time that the class was completed.



NHP Childbirth Education Reimbursement Form

Subscriber Information (The subscriber is the primary NHP health insurance policyholder.)

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS	CITY	STATE ZIP
TELEPHONE NUMBER	MEMBER ID# (located on the front of the NHP ID card)	

Facility Information of where the class was taken:

NAME OF THE FACILITY
STREET ADDRESS CITY STATE ZIP

Date of class completion: _____ / _____ / _____

Amount of reimbursement requested:

Certification/Authorization

The subscriber must sign and date below. The childbirth education reimbursement is subject to approval by NHP. Please note: check will be made payable to the subscriber.

Reimbursement requested for: _____ SUBSCRIBER _____ COVERED DEPENDENT

Please print the full name of the member who is requesting the childbirth education reimbursement (if other than the subscriber).

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

This is for NHP members enrolled in a plan at the time that the class was completed. Members must submit reimbursement requests by March 31 of the following calendar year. Requests received after this date will not be eligible for NHP's childbirth education reimbursement.

NHP SUBSCRIBER'S SIGNATURE DATE

Please send your completed request form and receipts to:

Neighborhood Health Plan
Claims Department
399 Revolution Drive, Suite 940
Somerville, MA 02145

You can also fax your request form and receipts to 617-526-1902.



Neighborhood
Health Plan™