

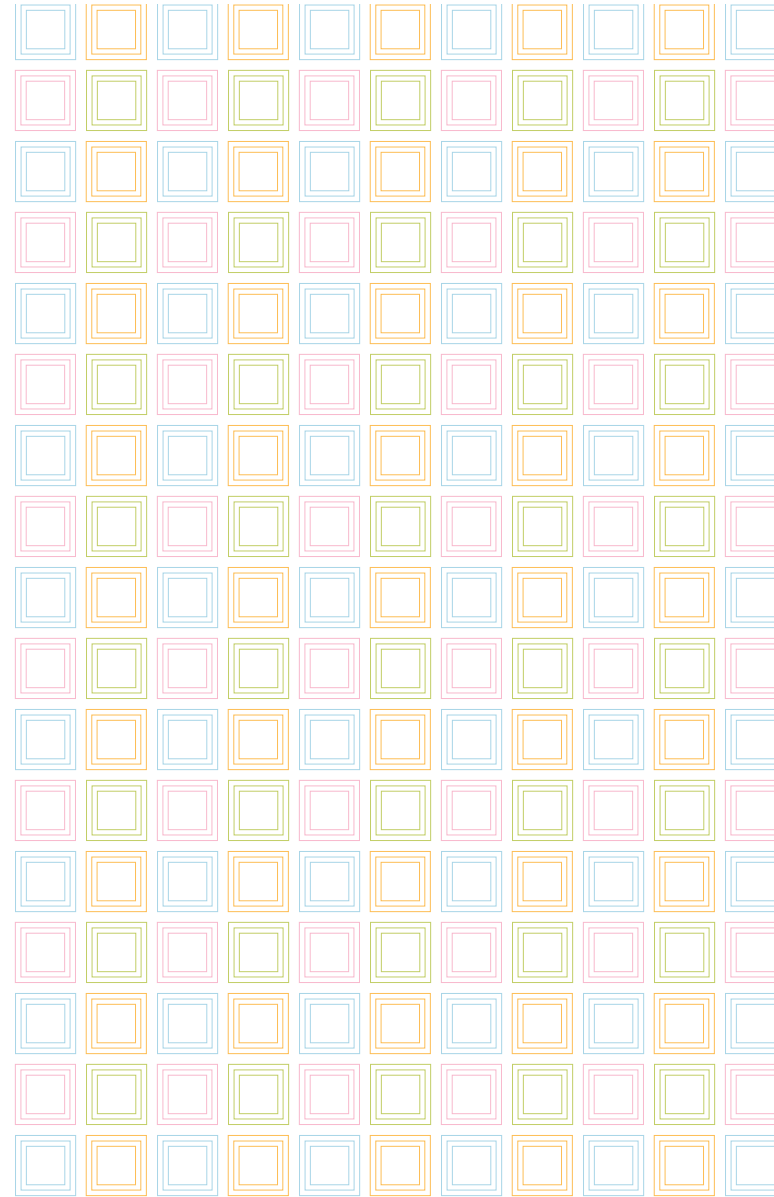
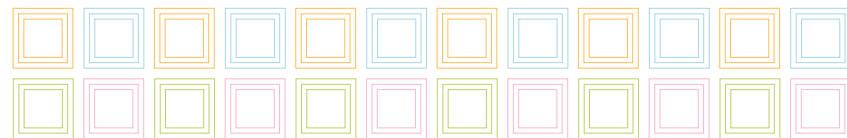
## Childbirth classes enrollment form

Mail this form directly to:

Blue Cross Blue Shield of Massachusetts  
Local Claims Department  
PO Box 986030  
Boston, MA 02298

Have you ...

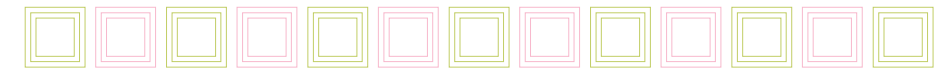
- Written your Blue Cross Blue Shield ID number in the space provided?
- Included the name and address of the childbirth class/program?
- Enclosed all 8.5" x 11" photocopies of receipts?
- Signed and dated the completed form?



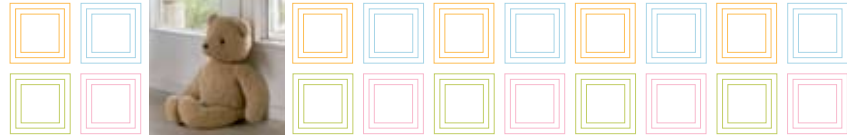
MASSACHUSETTS

## Getting Ready For Childbirth Can Be Hard.

Here's A Way To Make It Easier.



MASSACHUSETTS



# Good News!

## We offer coverage for childbirth education courses

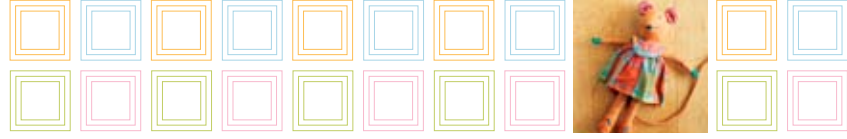
Planning for the birth of a child is an exciting time, yet it's normal to feel anxious about the birthing process. Childbirth classes provide an opportunity for you and your partner to prepare for the delivery of your child, learn how to make the birthing process more comfortable, make decisions about your birthing plan, ask questions, and socialize with other prospective parents.

In fact, recent studies have found that prenatal classes decrease maternal physical complications during labor and delivery, and aid in improved physical and mental health postpartum.

If you are eligible for this benefit, we'll reimburse you for up to \$90 for first-time-mother courses and \$45 for refresher courses. It's one more way we're making it easy for you to practice good health—at a healthy savings too.

Check with your doctor to see if the hospital where you plan to deliver offers childbirth classes. If you decide to attend a course elsewhere, we suggest you choose an instructor certified in childbirth or Lamaze. It's a plus if the instructor is also a registered nurse and experienced in labor and delivery.

Once you have completed your course, mail the claim form and your paid receipt that includes your name, course name, and date, to Blue Cross Blue Shield of Massachusetts. If you have any questions or would like to check your eligibility for this benefit, please call the Member Service number on your ID card.



## Childbirth Classes Enrollment Form

(Please print all information clearly.)

DO NOT WRITE IN THIS SPACE  
OFFICE USE ONLY

### SUBSCRIBER INFORMATION (person in whose name coverage is held)

Identification Number (including prefix)	SUBSCRIBER LAST NAME	FIRST NAME
Address: Number and Street	City	State Zip Code
Employee's Name		

### MEMBER INFORMATION (Use a separate form for each member.)

Member's Last Name	First Name	Middle Initial	Date of Birth Mo. / Day / Year / /
Mailing Address (if different from subscriber's) Address: Number and Street	City	State	Zip Code
Gender	Claimant is (check one):		
<input type="checkbox"/> Male	<input type="checkbox"/> Subscriber (coverage holder)	<input type="checkbox"/> Child (age 18 and younger)	<input type="checkbox"/> Student (age 18 and older)
<input type="checkbox"/> Female	<input type="checkbox"/> Spouse	<input type="checkbox"/> Handicapped Dependent (age 19 or older)	<input type="checkbox"/> Stepchild
			<input type="checkbox"/> Other (specify) _____

### 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)

Name and Address of Class/Program	Amount Charged
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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