



MASSACHUSETTS

CHILDBIRTH CLASS REIMBURSEMENT

Receive reimbursements when you take advantage of childbirth education courses. Childbirth education courses will help you:



Prepare for delivery



Learn how to make the birthing process more comfortable



Make decisions about your birthing plan



Socialize with other expectant parents

GET STARTED

We'll reimburse up to \$90 for one first-time childbirth course and up to \$45 for each refresher childbirth course for each covered pregnant member.* To get reimbursed, follow these 5 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

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, midwife, or qualified educator experienced in labor and delivery

QUESTIONS?

If you have any questions, call the Member Service number on the front of your ID card.

*Check the maternity benefit in the subscriber's certificate to confirm coverage.

CHILDBIRTH CLASSES REIMBURSEMENT 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 (mm/dd/yy)	
Mailing address number and street (if different from subscriber's)	City	State	ZIP code	

Claimant is (check one):

Subscriber (coverage holder) Child (age 18 and younger) Student (age 18 and older)

Spouse Handicapped dependent (age 19 or older) Stepchild Other (specify) _____

When to submit this form

- After the class is completed
- Please check your certificate of coverage or 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

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 (mm/dd/yy)

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

Learn about your maternity resources
and benefits at bcbsma.info/pregnancy.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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