

## BREASTFEEDING SUPPORT 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 \_\_\_\_\_

## **BREASTFEEDING SUPPORT REIMBURSEMENT ELIGIBILITY GUIDELINES**

- Breastfeeding support classes are often offered free of charge at many hospitals. These classes provide helpful information about the benefits of breastfeeding, along with helpful tips, resources and ways to manage common breastfeeding challenges. 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, Mass General Brigham Health Plan will reimburse you for the full cost of these classes.
- Eligibility is limited to Mass General Brigham Health Plan members enrolled at the time that the class was completed.
- Check will be made payable to the Subscriber of the policy.
- **To be eligible for reimbursement, requests must be made by March 31 of the following calendar year.**
- Reimbursement requests are subject to approval by Mass General Brigham Health Plan.
- Please allow 30 business days for processing.

### **Reimbursement Request Checklist**

To request reimbursement for your qualifying Breastfeeding Support 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. Mass General Brigham cannot return these, even for denied requests.

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

**Mail:**

Mass General Brigham Health  
Plan  
Claims Department  
399 Revolution Drive – Suite 940  
Somerville, MA 02145

**Fax:**

Mass General Brigham Health  
Plan  
Claims Department  
617-526-1902