

# Request for lactation support and counseling services reimbursement

Subscribers are eligible for reimbursement of the cost of lactation support and counseling services from a certified provider.

**Follow these easy steps:**

1. Please attach proof of payment, such as an itemized paid receipt showing the name of the counselor and/or facility, registered attendees, charge and amount paid. A front-and-back copy of a cancelled check will also be accepted. For help finding a certified provider, go to ZipMilk.org.
2. Please complete the information in Section I, including the member's name, child's date of birth and other identifying information.
3. In Section II, please indicate where and when counseling services were held.
4. Please make sure the member signs and dates the request form in Section III.

Section I (Member information)		
Member's name	Child's date of birth / /	Fallon member ID #
Member's address	Home telephone ( )	
City, State, ZIP	Work telephone ( )	
Section II (Provider information)		
Name of counselor	Date of appointment / /	
Facility or counselor location	Paid receipt amount \$ _____	
City, State, ZIP		
Section III (Member authorization/signature)		
<p>I certify that the information on this reimbursement form is true and correct to the best of my knowledge. I authorize the release of any medical information necessary to process this request.</p> <p>Member's signature _____ Date _____</p> <p>Processing your request will take approximately 30 days. We will contact you if additional information is needed.</p>		

After completing this form, please mail or email it, with the required documentation, to:  
Fallon Health, P.O. Box 211308, Eagan, MN 55121-2908, email: [reimbursements@fallonhealth.org](mailto:reimbursements@fallonhealth.org)

If you have any questions, please call our Customer Service Department at the phone number on the back of your member ID card or visit [fallonhealth.org](http://fallonhealth.org).

