


## Request for childbirth class reimbursement

Members are eligible for a full reimbursement toward the cost of childbirth classes or toward the cost of either a refresher class for covered delivery or sibling class for an older child.

### Follow these easy steps:

1. Attach proof of payment, such as an itemized paid receipt showing the name of the facility, class type, registered attendee(s), charge and the amount paid. A front-and-back copy of a canceled check will also be accepted.
2. Please complete the information in Section I, including the member's name, date of birth and other identifying information.
3. In Section II, please indicate where and when classes were held and who attended.
4. Make sure the member signs and dates the form in Section III.

<b>SECTION I</b> (Member information)			
Member's name	Date of birth / /	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Member ID #
Member's address		Home telephone (      )	
City, state, ZIP		Work telephone (      )	
<b>SECTION II</b> (Class information)			
Expected/actual delivery date	Is this your first child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Class type <input type="checkbox"/> Childbirth class <input type="checkbox"/> Sibling class <input type="checkbox"/> Refresher class	
Name of facility where class was held			
Facility location			
Date of class	Attendee(s)	Date of birth	Fallon Member ID#
<b>SECTION III</b> (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 _____</p> <p>Date _____</p> <p>Processing your request will take approximately 30 days. We will contact you if any additional information is needed.</p> <p>After completing this form, please mail it, with the required documentation, to:</p> <p style="margin-left: 20px;">Fallon Health, P.O. Box 211308, Eagan, MN 55121-2908 Or, email it to <a href="mailto:reimbursements@fallonhealth.org">reimbursements@fallonhealth.org</a>.</p> <div style="text-align: right; margin-top: 10px;">  </div> <p>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 <a href="http://fallonhealth.org">fallonhealth.org</a>.</p>			