



# Request for Reimbursement of Child Preparation Expenses

Name \_\_\_\_\_ MVP Member No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Telephone (Work) \_\_\_\_\_

Baby's Due Date \_\_\_\_\_ *or* Baby's Birth Date \_\_\_\_\_

Are these classes or products paid for by any other health insurance?  Yes (*explain below*)  No

CLASS OR PRODUCT	DATE OF CLASS OR PURCHASE	COST	MAXIMUM REIMBURSEMENT
Lamaze Class		\$	\$40
Refresher Lamaze Class		\$	\$40
Infant Care Class		\$	\$25
Breastfeeding Class		\$	Benefit limitations may apply.*
Lactation Counseling		\$	Benefit limitations may apply.*
Breast Pump		\$	Benefit limitations may apply.*
Breast Pump Supplies		\$	Benefit limitations may apply.*
<b>Total Reimbursement Requested →</b>		<b>\$</b>	

**\* All MVP Health Care members are eligible for reimbursement, but benefit limitations may apply. Call the Customer Care Center at the telephone number on the back of your Member ID card for more information.**

Please submit the certificate of class completion and/or the receipt along with this completed form to:

ATTN: CLAIMS DEPT-REIMBURSEMENT FOR CHILD PREPARATION  
 MVP HEALTH CARE  
 PO BOX 2207  
 SCHENECTADY, NY 12301-2207

MVP offers a breastfeeding support program through our trusted partner, Corporate Lactation Services. For more information, visit [www.mvphealthcare.com](http://www.mvphealthcare.com). Select *Members*, then *Live Healthy*, then *Population Health Management Programs*, and finally *Case Management*.