

# MVP Health Care

## REIMBURSEMENT FOR CHILD PREPARATION CLASSES

Name: \_\_\_\_\_ MVP #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Date Baby is Due: \_\_\_\_/\_\_\_\_/\_\_\_\_

CLASSES	DATE OF YOUR CLASS	COST OF CLASS	MAXIMUM REIMBURSEMENT
Lamaze			\$40
Refresher Lamaze			\$40
Breast Feeding/Lactation Counseling			\$25
Parenting (Baby Care)			\$25
Lactation Counseling			\$25

Total Amount Requested for Reimbursement: \_\_\_\_\_

Are these classes paid for by any other health insurance? Yes: \_\_\_ No: \_\_\_

If "yes" please explain: \_\_\_\_\_

---

Please submit the certificate of class completion along with this form and a description of the class to:

**MVP Health Care**  
**Claims Department – Class Reimbursement**  
**P.O. Box 2207**  
**Schenectady, N.Y. 12301-2207**

**\*\*\* Reminder:** If you wish to add your new baby to your MVP policy, arrangements must be made through your employer within 30 days of the child's birth.