

# Prenatal Education Reimbursement Form

# UPMC HEALTH PLAN

## Instructions

Upon finishing a Prenatal Course: Lamaze, Lamaze Refresher, Breastfeeding, or Prepared Childbirth, please complete this form, have the instructor sign it, and return it to the address below to receive payment. You may be reimbursed up to \$65 for completing a course.

UPMC Health Plan  
PO Box 2999  
Pittsburgh, PA 15230-2999

**If you have any questions, please contact UPMC Health Plan  
Member or Provider Services at 1-888-876-2756.**

Policy Holder Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Relationship to Policy Holder:  Self  Spouse  Child  Other \_\_\_\_\_

Member ID Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Course Start Date: \_\_\_\_\_ Course Completion Date: \_\_\_\_\_

Course Description \_\_\_\_\_

Which Is Applicable?:  Lamaze (S9346)

Lamaze Refresher (S9437)

Breastfeeding (S9443)

Prepared Childbirth (S9436)

Total Charges: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Facility Name/Address: \_\_\_\_\_

Instructor's Signature Upon Finishing Course

**X** \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure that you completed the form in its entirety.