



Get Reimbursed by Following These Five Easy Steps

1. Fill out the enrollment form
2. Include the name and address of the childbirth class
3. Enclose photocopies of your receipts
4. Sign and date the completed form
5. Mail form to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

**It's a 9-Month Adventure.
We're Here for Every Step.**

Learn about your
maternity resources and benefits at
bluecrossma.com/maternity.



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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Services at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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**GET READY FOR BIRTH DAY.
TAKE A CLASS!**



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