CDPHP® Lactation Support Reimbursement Form

CDPHP understands that successful breastfeeding takes support and preparation. Eligible members can use this form to request reimbursement of out-of-pocket costs for in-person or virtual breastfeeding counseling sessions and/or breastfeeding educational classes during pregnancy or postpartum. Visit findadoc.cdphp.com, select "Doctors by specialty," and search "lactation" to find a lactation consultant near you. You can also ask your OB/GYN, child's pediatrician, or place of delivery for recommendations.

To confirm that this benefit applies to your plan, view your member account at member.cdphp.com. Under "Check Your Coverage" search "breastfeeding." You can also call member services at the number on your ID card to confirm coverage.

Member Name: Date of Birth:

Member ID #: Phone Number:

SERVICE(S) *(i.e. breastfeeding class name or counseling session)*	DATE(S) OF SERVICE(S)	FACILITY OR PROVIDER NAME	TOTAL FEES PAID*
TOTAL			

**Acceptable proofs of payment include a copy of a bill from facility showing fee(s) paid or a credit card statement. Documentation must include: date(s) of class, facility name, and amount paid. Reimbursement will be made to the subscriber and sent to the address on file.*

CERTIFICATION AND AUTHORIZATION

I certify that the above statements are complete and accurate to the best of my knowledge, that I am claiming reimbursement only for charges incurred by the member listed above, and that the attached proof of payment is for the services described above.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

Signature Date Signed

Please mail this form, and proof of payment to:

CDPHP • PO Box 66602 • Albany, NY 12206-6602

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。