



# HOUSE STAFF BENEFITS PLAN

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## NEWBORN BENEFIT CLAIM FORM

Eligibility: HSBP employees including eligible dependents.

Claim Submission Rules:

- Entire claim form must be completed in full by participant, patient or parent, if minor.
- A separate claim form must be submitted per patient.
- All claims must be submitted to our office at the above-mentioned address within one year of the date of service. Claims submitted after one year will be denied.
- You must submit an original bill or an Explanation of Benefits (EOB) from your basic insurance carrier along with this claim form.

**NEWBORN EXPENSES BENEFIT** - Effective July 1, 2009 the Plan reimburses up to \$1,000 for **Newborn Expenses** - unreimbursed medical expenses in connection with a newborn for the first 60 days of the child's life (including children who are adopted); **Well Baby Care** - pediatrician's in-hospital newborn baby care, **Circumcision** - by a physician or a certified mohel up to 24 months old, and **Childbirth Education** - information and education about childbirth by providing you with up to 6 group sessions or 3-4 private sessions conducted by practitioners.

You may divide this sum among one to four benefits or use the entire sum for one of the benefits.

Please complete the following:

Participant's Name: \_\_\_\_\_  
(Last Name) (First Name)

Social Security No.: \_\_\_\_\_ Hospital where employed: \_\_\_\_\_

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

(City)

(State)

(Zip code)

Contact phone number: \_\_\_\_\_ Type (home, mobile, etc.) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of baby: \_\_\_\_\_ Date of Birth: \_\_aa/\_\_aa/\_\_\_aaa

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_