Inland Empire Health Plan

Doula Services Benefit Recommendation Form

Doulas are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion. Doulas are not licensed and they do not require supervision. Doulas also offer various types of support, including health navigation; lactation support; development of a birth plan; and linkages to community-based resources. Doula services can be provided virtually or in-person with locations in any setting including, but not limited to, homes, office visits, hospitals, or alternative birth centers.

IEHP members may receive doula services if they are pregnant, or were pregnant within the past year (12 months). All requests for doula services can be submitted directly to the contracted doula organization or the independent doula by a licensed professional. This recommendation form is valid for IEHP Members **ONLY**.

Date of Recommendation:

Recommendation allows for 9 additional post-partum visits.

Doula services provided by: (Doula organizations and independent doulas must be enrolled in Medi-Cal).

☐ IEHP contracted doula organization.

☐ IEHP contracted independent doula provider.

Member Information

Member's First Name:

Member's Last Name:

Gender:

☐ M ☐ F ☐ Non-binary ☐ Transgender

DOB:

Age:

Date of Delivery:

Preferred Language:

Member ID:

Line of Business:

☐ Medi-Cal ☐ CCA _____

Phone Number:

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Doula Information

Name of Organization (If Applicable)

Doula Name:

Phone Number:

Email Address:

NPI (Used for billing):

Recommending Provider Information (Doula Services require a written recommendation submitted by a provider who is a physician or other licensed practitioner of the healing arts acting within their scope of practice. The licensed practitioner does not have to be enrolled in Medi-Cal or a network provider. Please check the type of license you hold)

☐ Clinical Nurse Specialist	☐ LMFT	☐ Provider Physician Group
☐ LCSW	☐ Nurse Midwife	☐ Primary Care Physician
☐ Licensed Midwife	☐ Nurse Practitioner	☐ Psychologist
☐ Licensed Professional Clinical Counselor	☐ OB/GYN	☐ Public Health Nurse
☐ Licensed Vocational Nurse	☐ Physician Assistant	☐ Registered Nurse

☐ Other *(specify)*: _____

Recommending Provider's First Name:

Recommending Provider's Last Name:

Title:

Agency Name, if any:

NPI#:

Email Address:

Phone Number:

Fax Number:

Additional Comments:

Independent Doula/Doula organization:
Please submit a copy of this completed form and any questions to Doula@iehp.org