

## Medi-Cal Member Recommendation for Postpartum Doula Services

**Doula services require a written recommendation for additional visits during the postpartum period submitted by a physician or other licensed practitioner of the healing arts acting within their scope of practice. The recommending provider does not have to be enrolled in Medi-Cal or a network provider.**

I declare that the following information is true and correct:

1. I am a physician, or other **licensed** practitioner of the healing arts.
2. I attest that the Medi-Cal member listed below would benefit from doula services and/or has requested doula services.

### **Provider Information**

Recommending provider name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency name: \_\_\_\_\_ NPI# (N/A): \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

### **Member Information**

Member first and last name: \_\_\_\_\_ Gender:  Male  Female  Other

Date of birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_\_ Member ID/CIN: \_\_\_\_\_

Language preference: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### **Recommendations for Doula Services**

**Postpartum recommendation:**  Yes  No Date: \_\_\_\_\_

A recommendation is required for up to nine additional visits within one year after the member's pregnancy ends.

### **Summary of member issue(s), need(s), and concerns(s):**

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