

Medi-Cal Member Recommendation for 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#: _____

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 second 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):

notify the sender immediately by phone or by return fax and destroy this transmission, along with any attachments.

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