



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: \Box Male \Box Female \Box Other
Date of birth:	Age: Member ID	D/CIN:
Language preference:	P	hone number:
Mailing address:	City:	ZIP Code:
Recommendations for Do	ula Services	
Postpartum recommendation:	🗌 Yes 🗌 No	Date:
A recommendation is required for	un to nine additional visits	within one year after the member's

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):

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County.
CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary
of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the
property of their respective companies. All rights reserved. CONFIDENTIALITY NOTE FOR FAX TRANSMISSION: This facsimile may contain confidential information.
The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it
to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly
PROHIBITED. If you have received this transmission in error, please notify the sender immediately by phone or by return fax and destroy this transmission, along with
any attachments.