



# Medi-Cal Doula Services Documentation of Doula Visit

Doula Name: \_\_\_\_\_ Member Name: \_\_\_\_\_

Doula group (if applicable): \_\_\_\_\_ Member Medi-Cal ID (CIN #): \_\_\_\_\_

Doula NPI#: \_\_\_\_\_

### Description of services (please complete below):

Date and time of service	Service(s) provided	Duration (minutes)

\*Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company are subsidiaries 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