



## PROVIDER RECOMMENDATION - DOULA SERVICES 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.

Gold Coast Health Plan's (GCHP) 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.

**Date of Recommendation:** \_\_\_\_\_

**An initial recommendation for doula services includes the following visits:**

- One initial visit.
- Up to eight additional visits that can be provided in any combination of prenatal and postpartum visits.
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion, or miscarriage.
- Up to two extended three-hour postpartum visits after the end of a pregnancy.

**Doula support requested for:** ☐ Pregnancy ☐ Postpartum ☐ High Risk Pregnancy

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

☐ GCHP contracted doula organization. ☐ GCHP contracted independent doula provider.

Member Information			
Member's First Name:		Member's Last Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender		Date of Birth:	Age:
Due Date:	Language(s) Spoken:		Language(s) Written:
Member ID/CIN:			
Current Mailing Address:	City:	Zip Code:	Phone Number:

Doula Information		
Name of Organization/Independent Doula:		Address:
Phone Number:	Email Address:	Fax Number:



### 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.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Clinical Nurse Specialist                | <input type="checkbox"/> Licensed Medical Family Therapist (LMFT) | <input type="checkbox"/> Primary Care Physician |
| <input type="checkbox"/> Licensed Clinical Social Worker (LCSW)   | <input type="checkbox"/> Nurse Midwife                            | <input type="checkbox"/> Psychologist           |
| <input type="checkbox"/> Licensed Midwife                         | <input type="checkbox"/> Nurse Practitioner                       | <input type="checkbox"/> Public Health Nurse    |
| <input type="checkbox"/> Licensed Professional Clinical Counselor | <input type="checkbox"/> Obstetrics and Gynecology (OB/GYN)       | <input type="checkbox"/> Registered Nurse       |
| <input type="checkbox"/> Licensed Vocational Nurse                | <input type="checkbox"/> Physician Assistant                      |   |

☐ Other (specify): \_\_\_\_\_

Recommending Provider's First Name:

Recommending Provider's Last Name:

Title:

Agency Name, if any:

NPI#:

Email Address:

Phone Number:

Fax Number:

**A second recommendation is required for up to nine additional visits during the postpartum period:** Second recommendation: ☐ Yes ☐ No

### Summary of member issue(s), need(s), and concern(s)

Please send the completed form to either [calaim@goldchp.org](mailto:calaim@goldchp.org) or fax it to 1-855-883-1552.