



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.

L.A. Care 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. This recommendation form is valid for L.A. Care Members **ONLY**.

Please do not use this form for Kaiser Permanente, Blue Shield Promise Health Plan, Anthem, and/or any non-L.A. Care members.

Date of Recommendation:

M	M	/	D	D	/	Y	Y	Y	Y
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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).

L.A. Care contracted doula organization. L.A. Care contracted independent doula provider.

Member Information

Member's First Name:

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Member's Last Name:

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Gender:

M F Non-binary Transgender

DOB:

M	M	/	D	D	/	Y	Y	Y	Y
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Age:

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Due Date:

M	M	/	D	D	/	Y	Y	Y	Y
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Language(s) Spoken:

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Language(s) Written:

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Member ID/CIN:

0	1	2	3	4	5	6	7	8	9
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Line of Business:

Medi-Cal L.A. Care Covered™/Direct _____

Current Mailing Address:

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City:

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Zip Code:

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Phone Number:

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Doula Services Benefit Recommendation Form

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"/> LMFT	<input type="checkbox"/> PPG
<input type="checkbox"/> LCSW	<input type="checkbox"/> Nurse Midwife	<input type="checkbox"/> Primary Care Physician
<input type="checkbox"/> Licensed Midwife	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Licensed Professional Clinical Counselor	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Public Health Nurse
<input type="checkbox"/> Licensed Vocational Nurse	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Other <i>(specify)</i> : _____		

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):

Independent Doula/Doula organization:
Please submit a copy of this completed form and any questions to Doulabenefit@lacare.org