



DOULA SERVICES RECOMMENDATION FORM

This documents the recommendation for doula services by a Medical Assistance (MA) Program enrolled licensed practitioner.

The following licensed practitioners enrolled to participate in the MA Program may recommend doula services: physician, physician assistant, certified registered nurse practitioner, certified nurse midwife, licensed professional counselor, licensed marriage and family therapist, licensed clinical social worker, and licensed psychologist.

If you are an MA Program beneficiary and are pregnant or have recently given birth....

You are eligible for doula services to provide you physical, emotional, and informational support before, during and after you give birth. You must have a recommendation from an MA enrolled licensed practitioner prior to the provision of doula services. You can request a recommendation and give it to your MA enrolled doula. You can ask for a recommendation even if you don't yet know who your MA enrolled doula will be.

If you are a certified perinatal doula enrolled in the MA Program....

You must secure and retain the record of a recommendation from an MA enrolled licensed practitioner prior to the provision of doula services, storing the record in a manner consistent with HIPAA requirements.

If you are a licensed practitioner of the healing arts....

Doula services are intended to promote physical and mental health during the perinatal period. By recommending doula services, you are enabling the MA beneficiary to access doula services.

Licensed Practitioner's Recommendation for Certified Perinatal Doula Services

Beneficiary full legal name (first, middle, last):	<input type="text"/>
Beneficiary DOB (MM-DD-YYYY) or MA ID #:	<input type="text"/>
Licensed Practitioner's signature with credentials:	<input type="text"/>
Licensed Practitioner's full legal name (first, middle, last):	<input type="text"/>
Licensed Practitioner's NPI number:	<input type="text"/>
Date of recommendation (MM-DD-YYYY):	<input type="text"/>
Doula name (first, middle, last) (if known):	<input type="text"/>
Name/address of beneficiary's OB/GYN provider (if known):	<input type="text"/>