

Doula Pilot Program Referral Form

Instructions: Please complete the form below when you or your healthcare team have identified a patient who may benefit from doula support during her pregnancy. Referrals must be received prior to 36 weeks gestation, and the member must reside in St. Louis metro area, Kansas City metro area, Springfield area, Columbia area, or Cape Girardeau area. Once the referral is received, Healthy Blue will contact the member/patient to confirm they would like to obtain doula services and connect them with their appropriate regional doula organization for services.

Please email or fax a completed *Doula Pilot Program Referral Form* to SM_MODCMREF@healthybluemo.com or **844-464-9238**.

Date:	
Member name (first, last):	
Member DOB:	
Member Healthy Blue subscriber ID:	
Is the member aware of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member address, including county:	
Member phone number:	
Reason for referral:	
Referring provider name:	
Referring provider phone number:	

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

<https://provider.healthybluemo.com>

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