

Doula Services 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 their pregnancy. Once the referral is received, Healthy Blue or a contracted doula provider will contact the member/patient to confirm they would like to obtain doula services and either connect them with their appropriate regional doula organization for services or begin doula services.

These services are for members statewide. While a member may be eligible for a doula, doula services may not be available in all areas. Healthy Blue is actively working to expand doula services in all areas of the state.

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

Date:	
Member name (first, last):	
Member DOB:	
Member's Healthy Blue subscriber ID:	
Is the member aware of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member address	
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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MOHB-CD-046919-23 December 2023