



Additional Postpartum Doula Visit Recommendation Form

If you are a doula...

Have a licensed provider (certified nurse midwife, OBGYN, nurse practitioner, physician assistant, or mental health clinician LCSW/LPCMH) complete the below form.

If you are a licensed practitioner....

By completing this form, you are verifying that the member is in need of additional postpartum doula visits. Please complete each section below.

Reminders:

- Member must receive a minimum of **one prenatal visit** to request additional postpartum doula visits.
- There is a **maximum of 5** additional postpartum visits to be conducted **within 180 days** of delivery date.

Licensed Practitioner's Support for Additional Postpartum Doula Visits	
DE Medicaid Member's Full Legal Name:	
DE Medicaid Member's DOB or ID #:	
Name of Member's Health Care Plan (select one): AmeriHealth Caritas Delaware First Health Highmark Health Options	
Does the member have another primary insurance? If yes, please indicate below: Other Insurance: Yes No ID#	
Date of Recommendation:	
Name of Doula or Doula Organization:	
Number of Additional Visits Requested (Limit 5):	Reason for Additional Visits:
Licensed Practitioner's Signature:	
Licensed Practitioner's Full Legal Name:	
Licensed Practitioner's NPI number:	
Phone Number of Licensed Practitioner:	Address of Licensed Practitioner: