

Doula Claim Form for California Members

Please submit this form to the address on the back of your ID card.

GUIDELINES FOR SUBMITTING DOULA CLAIMS TO UNITEDHEALTHCARE

- This form is for submission of charges related to Doula services only.
- MAIL the Claim Form, the receipt for services from your provider and a copy of your doula's certification to the address on the back of your ID card.
- **Please ensure Section C is completed by the doula with the correct date of service and the provider tax identification number.**
- Please pay the provider directly - UHC will reimburse you directly.
- Submit the claim form to UnitedHealthcare in a timely manner.
- Be sure to notify your employer of all address changes.
- Please include your UnitedHealthcare Member Number and Date of Birth on any attachments and receipts.

A. SUBSCRIBER INFORMATION: Employee Complete this Section

Last Name:	First Name:	MI:	Date of Birth: / /
SSN or Member ID Number on UnitedHealthcare ID Card:		Policy Number:	Phone: ()
Home Address:			New Address: Yes <input type="checkbox"/> No <input type="checkbox"/>
City:	State:	Zip Code:	

B. PATIENT INFORMATION: Employee Complete this Section

Last Name:	First Name:	MI:	Date of Birth: / /
SSN or Member ID Number on UnitedHealthcare ID Card:		Policy Number:	Phone: ()
Home Address:			New Address: Yes <input type="checkbox"/> No <input type="checkbox"/>
City:	State:	Zip Code:	
Due Date:			

C. PROVIDER: Provider Complete this Section and Line for the Applicable Service

<u>Date of Service</u>	<u>Place of Service</u>	<u>Procedure Code</u>	<u>Units or Hours</u>	<u>Diagnosis Code</u>	<u>CHARGES</u>
		T1032 Services performed by a doula birth worker, per 15 minutes		Z33.1 Z39.2	
		T1033 Services performed by a doula birth worker, per diem			
TOTAL CHARGE					
Provider's Name					
Provider's Tax ID Number or Social Security Number:					
Provider's Address:					
Provider's Telephone Number: ()					
Physician or Provider's Signature: _____ Date: _____					

D. EMPLOYEE SIGNATURE

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESENTATION OR ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY BE SUBJECT TO CIVIL PENALTIES.

Member Signature: _____ Date: _____