



Doula Claim Form  
Effective DATE 01-01-2023

**Alert: This cover sheet must be placed on top of each Doula Claim Form before submission.**

Member ID: \_\_\_\_\_

Member Policy: 909362 - Franklin County Board of Commissioners

Mail To: PO Box 30555 Salt Lake City, UT 84130

Fax#: 801-567-5498

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Attention RMO:

Sort this mail as Non Keyable  
HFC = 103 IRU GYM

**Group Number: 909362**

**Member ID** (from Health Plan ID card, can be up to 11 digits) : \_\_\_\_\_

**Patient Information.**

Name (Last, First, MI): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone # (include Area Code): \_\_\_\_\_

Relationship:

Subscriber/Employee

Spouse/Partner       Child

Expected/Actual Delivery Date: \_\_\_\_\_

**Employee Information. (Complete this information only if it is different than the patient information.)**

Employee Name (Last, First, MI): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone # (include Area Code): \_\_\_\_\_

**Provider Information. (This information is required to process the claim.)**

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number of pages with invoices/receipts attached: \_\_\_\_\_

Total Amount Submitted for Reimbursement: \$ \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Description of Service(s) provided: \_\_\_\_\_

License Number (as stated on license or certificate): \_\_\_\_\_

*By signing below, I am stating that the information above is correct, that the request(s) I am submitting are eligible expenses as defined by the Plan, and that I have not been previously reimbursed for these expenses nor am I seeking reimbursement from any other source. 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.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSTRUCTIONS:**

Please mail or fax this form with photocopies of dated, itemized invoices/receipt(s)

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**INTERNAL USE ONLY**

**FOR PROCESSING USE:**

***For Doula Services Only: ICD-10: Enter with Z33.1, Z39.2 or Z34.90; CPT: 99499; Place of Service (POS): OL; TIN: 0-069000001; Attention Keying: Please input keyed comments of 'Stop Auto'***