



Blue Shield of California Promise Health Plan Maternity Care Management Program Referral Form

Promise Health Plan

The purpose of this form is to help you refer patients to our Maternity Care Management Program. By referring your pregnant patients to our program, we can offer support through education, care coordination, case management, and connection to doula services.

Please complete all the sections below and fax the form to the Blue Shield Promise Maternity Program at (844) 893-1211. Our Maternity Care team will contact the member within two business days of receiving your referral.

If you have questions about the Maternity Care Management Program or want to follow up on a patient, please call (888) 802-4410 (TTY: 711).

Member's name:	Member's plan ID:	Member's date of birth (DOB):
Member's street address:	City:	ZIP code:
Member's phone number:	Alternate phone number:	Member's preferred language:
Date of member's last pregnancy test:	Date of member's last period:	Member's ethnicity:

Section 1: Known high-risk condition(s): Please check all that apply

- Hypertension
- Excessive nausea and vomiting
- Diabetes pre-term labor
- Substance use (e.g., smoking, alcohol, recreational drugs, misuse of prescription drugs)
- Mental/behavioral health condition (e.g., depression)
- Multiple gestation
- No problems with current pregnancy
- Other (please explain):

Section 2: Recommendation for doula services

Doula services include health education, advocacy, and physical, emotional, and nonmedical support. Services are provided before, during, and after childbirth or at the end of a pregnancy, including the postpartum period.

- Initial recommendation for doula services
- Additional recommendation for doula services (A recommendation for additional visits during the postpartum period cannot be established by standing order.)

- Initial recommendation for covered services includes:
- 1 initial visit
 - 8 prenatal or postpartum visits
 - Support during labor/delivery (including labor/delivery resulting in a stillbirth or miscarriage) or an abortion
 - 2 three-hour long postpartum visits
- Additional recommendation for covered services includes:
- 9 additional prenatal or postpartum visits

Recommending provider's name:	Phone number:
Recommending provider type:	Date of recommendation:

Section 3: OB/GYN care provider

Recommending provider's name:	Phone number:	Date of member's first prenatal appointment:
Recommending provider type:	Date of recommendation:	