

## Medi-Cal Doula Visit Detail Log Blue Shield of California Promise Health Plan

Blue Shield Promise requests that all contracted doulas provide detailed documentation of services rendered to Blue Shield Promise members each month. This documentation must be submitted by the twelfth (12<sup>th</sup>) day of the following month. (For example, services provided in February 2026 should be submitted by March 12, 2026.) **Please submit one form per member served** and ensure all sections below are completed and that the form is either typed or printed clearly.

Submit documentation via email to: [BSCPromiseDoula@blueshieldca.com](mailto:BSCPromiseDoula@blueshieldca.com)

1. DOULA GROUP PROVIDER / INDIVIDUAL DOULA INFORMATION	
Doula Group Name (If Applicable):	National Provider Identifier (NPI):
Individual Doula Name:	National Provider Identifier (NPI):
2. MEMBER INFORMATION	
Member's Full Name:	Member's Subscriber ID:
Member's DOB:	Member's Race/Ethnicity:
Member's Expected Due Date:	Pregnancy Outcome:
Date of Delivery: (00/00/0000)	Delivery Type: (vaginal, C-section, etc.)
3. Please indicate whether this is the initial set of visits or additional recommended visits.* (An additional recommendation must be submitted prior to the 2 <sup>nd</sup> set of visits.)	
1) Initial Set of Visits <input type="checkbox"/>	
2) Additional Recommended Visits <input type="checkbox"/>	

\*The initial set of visits includes one initial visit, up to 8 visits that may be any combination of prenatal and postnatal visits, support during labor and delivery (or abortion or miscarriage), and up to two extended three-hour postpartum visits. The additional recommended visits include up to 9 more visits within 12 months of delivery.

[blueshieldca.com/promise](https://blueshieldca.com/promise)

#### 4. VISIT DETAILS

Date of Service:	Covered Service: (add Procedure Code)
Visit Method:	Time of Visit:
In Person <input type="checkbox"/> Phone <input type="checkbox"/> Video <input type="checkbox"/>	Duration of Visit:
Description of Service:	

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