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Maternity Care Management Program Referral Form

Please complete all of the sections below and fax the form to the Blue Shield of California Promise Health Plan 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), 8 a.m. to 5 p.m., PT, Monday through Friday.

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

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

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

Section 2: Recommendation for doula services

Doula services include health education, advocacy, as well as physical, emotional, and non-medical 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** **One initial visit, 8 prenatal or postpartum visits.** Support during labor/delivery, including stillbirth or miscarriage) or an abortion; two 3-hour-long postpartum visits.	☐ **Recommendation for additional doula service (cannot be established by standing order).** Nine (9) additional prenatal or postpartum visits
Recommending provider's name:	Phone number:
Recommending provider's specialty:	Date of recommendation:

Section 3: OB/GYN care provider

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