



## Qualcomm Doula Claim Form

Effective 1/1/2020

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

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

Member Policy: 704201

Mail To: PO Box 30431 Salt Lake City UT, 84130

Fax#: 801-938-2102

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Attention RMO:

Sort this mail as Non Keyable

**CAR\_SCRN**

Group Number: 704201

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

**Patient Information.**

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

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

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

Gender: M  F

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship:

Subscriber  Child

Spouse/Partner  Other Dependent

Check if New Address:

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

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

Phone #: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check if New Address:

**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 Services provided: \_\_\_\_\_

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

*By signing below, I am stating that the information above is correct. 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 this form with photocopies of dated proof of payment and/or.

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**Fax#: 801-938-2102**

**INTERNAL USE ONLY**

**FOR PROCESSING USE:**

**For Doula Services Only: ICD-10: Z34.90, CPT: SPEC2, Place of Service (POS): OL, TIN: 0-006900001**

**Attention Keying: Please input keyed comments of 'Stop Auto'**