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

****

Attention RMO:

Sort this mail as Non Keyable HFC

Route to ORS destination 103 IRU GYM

Group Number: 704201

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

Patient Information.

Name (Last, First, MI): _____

Home Address: _____

City: _____State _____Zip:_____

Phone # (include Area Code): _____

Check if New Address: ○

Date of Birth: _____ / _____ / _____

Gender: M ○   F ○

Relationship:
○ Subscriber   ○ Child
○ Spouse/Partner   ○ Other Dependent

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

Employee Name (Last, First, MI): _____

Home Address: _____

City:_____ State:_____ Zip:_____

Check if New Address: ○

Phone #: _____

Date of Birth: _____ / _____ / _____

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.

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

Fax#: 801-938-2102

INTERNAL USE ONLY

FOR PROCESSING USE:

For Doula Services Only: ICD-10: Z34.90, CPT: T1033,Place of Service (POS): OL, TIN: 0-006900001

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