

AT&T CarePlus Recommendation Form Doula Classes

AT&T CarePlus – A Supplemental Medical Program is an optional supplemental program designed to cover expenses for certain approved procedures not covered under the patient’s medical program. To obtain benefits under CarePlus, participants must obtain prior approval. If prior approval is not obtained, no benefits will be payable.

We have received a request for coverage for a certified Doula under your Extended CarePlus Program for the participant listed below. To begin the prior approval process, please complete the below form along with your doctor and/or service provider.

Member Name															
Member’s Last Name	First	Middle	Member ID												
Mailing Address	City	State/Zip Code	Phone No.												
Please indicate primary medical insurance: UNITEDHealthcare <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Other <input type="checkbox"/> Please specify															
Patient Information															
Member’s Last Name	First	Middle	Relationship												
Street Address	City	State/Zip Code	Phone No.												
Doula Provider’s Information															
Doula’s Name/Address/Phone Number/Certification Information															
Doula’s Name/Signature															
<p>Preliminary request for information should include: Effective 1/1/2018 your CarePlus program provides coverage for the services of a Certified Doula during your pregnancy and childbirth. In order to receive your prior approval, please provide confirmation of your Doula’s certification and anticipated services. Once your services have been completed, you may use the CarePlus Claim Form Cover Sheet to submit the itemized bill for reimbursement. If you have questions, please call the CarePlus team at 877.261.3340.</p>															
<div style="border: 2px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p>Mail or fax completed form and all supporting documentation to:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;">Mail to:</td> <td style="width: 33%; vertical-align: top; text-align: center;">OR:</td> <td style="width: 33%; vertical-align: top;">Fax to:</td> </tr> <tr> <td>AT&T CarePlus Program</td> <td></td> <td>(888) 369-0957</td> </tr> <tr> <td>PO Box 30886</td> <td></td> <td></td> </tr> <tr> <td>Salt Lake City, UT 84130</td> <td></td> <td></td> </tr> </table> </div>				Mail to:	OR:	Fax to:	AT&T CarePlus Program		(888) 369-0957	PO Box 30886			Salt Lake City, UT 84130		
Mail to:	OR:	Fax to:													
AT&T CarePlus Program		(888) 369-0957													
PO Box 30886															
Salt Lake City, UT 84130															

A complete list of procedures and requirements can be found in your CarePlus SPD or SMM (Summary of Material Modification). You may access these documents using the Quick Links tile at <https://careplus.att.com>.