



## Doula Claim Form

As a Walmart medical plan participant enrolled in the Premier, Contribution, Saver, or local plan options, working in one of the 49 United States (excluding Hawaii), and currently pregnant with a date of delivery on or after November 1, 2023, you are eligible for benefits towards doula services.

The benefit is limited to a maximum of \$1,000 per pregnancy, and not subject to deductible or coinsurance. The amount payable will not apply to the out-of-pocket maximum, and any amounts paid will be considered taxable income to the Walmart associate.

If you are interested in these benefits, this form must be completed fully prior to payment being issued.

**Doulas must be credentialed through either National Black Doulas Association ([www.blackdoulas.org](http://www.blackdoulas.org)) or through DONA International ([www.dona.org](http://www.dona.org)), or agree to sign the enclosed attestation form indicating the completion of professional doula training. Additionally, services provided by a member of the patient’s family are not covered by the Walmart Associates’ Medical Plan.**

<b>Patient Information</b>			
<i>(To be completed by patient)</i>			
First Name	Last Name	Date of Birth	Last four digits of Social Security Number
		/ /	
Address: Street		City, State Zip Code	
Email Address	Cell Phone	Home Phone	
	( ) -	( ) -	
Benefit ID Number (BID) Listed on Insurance Card		Patient Relationship to Employee	
Name of Patient’s Obstetric (OB) Provider or Midwife	Provider Phone Number	Expected Date of Delivery	
	( ) -		



<b>Associate/Policyholder Information</b>			
<i>(Only needs to be completed if patient is <b>not</b> the associate/policyholder)</i>			
First Name	Last Name	Date of Birth	Last four digits of Social Security Number
		/ /	
Address:		City, State, and ZIP Code	
Email Address	Cell Phone	Home Phone	
	( ) -	( ) -	

**Section below to be completed by Doula only:**

<b>Doula's Name:</b>	
Doula's Address:	
Phone:	( ) -
Doula's Business Website:	
Doula's Email Address:	
Which organization is the Doula credentialed with?	<input type="checkbox"/> NBDA <input type="checkbox"/> DONA  <input type="checkbox"/> Other-Please indicate organization below and provide a signed attestation form (enclosed).
Doula Tax ID Number:	
Doula National Provider ID Number:	
Doula services being provided?	<input type="checkbox"/> Birth <input type="checkbox"/> Postpartum <input type="checkbox"/> Both



Is the Doula a member of the patient's family?	<input type="checkbox"/> Yes (if yes, please indicate relation to patient) <input type="checkbox"/> No
Doula Service Cost:	\$
Has payment to Doula previously been made by patient?	<input type="checkbox"/> Yes (if yes, a receipt must be provided for reimbursement to be issued to the patient/associate) <input type="checkbox"/> No (if no, payment will be issued directly to the Doula with a current completed Form W-9 attached)

By signing this document, all parties confirm that the information provided is truthful and accurate.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(if different than patient)*

Doula Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed form, along with additional documentation as indicated, to UMR via:**

Email – [WalmartDoula@umr.com](mailto:WalmartDoula@umr.com)

Mail – **UMR, Attention: Walmart Doula Program**  
**115 W. Wausau Avenue, Wausau, WI. 54401**



## DOULA ATTESTATION STATEMENT

I attest that:

- I am a certified, trained doula and have taken doula education courses through:

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(provide name of organization).

- I do periodic certification renewals and/or continuing education to keep myself updated on the latest developments for doulas.
- I have attended at least 24 hours of evidence-informed training that included one or more of the following areas: physiology of labor, labor doula training, antepartum doula training, postpartum doula training, or bereavement training.
- I am at least 18 years of age, and I am not a member of the patient’s family.
- Within the past three years, I have spent a minimum of fifteen (15) hours providing doula services in one or more of the following areas:
  - **Birth Doulas:** Continuous birth support for at least three (3) childbirths as the primary doula supporting the birthing parent, as well as antepartum and postpartum support for at least one (1) birth.
  - **For Postpartum Doulas:** Postpartum support following at least three (3) families.

I do not work through an on-call rotation. Outside of unforeseeable circumstances (or rare planned absences), I intend to be the primary doula assigned to support this Member.

Doula Printed Name: \_\_\_\_\_

Doula Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_