

DOULA ENROLLMENT FORM

Instructions

1. Please complete all fields below.
2. Sign and date the form.
3. Email the information below to providernetwork@hap.org and put "doula" in the subject line.
 - Completed Doula Enrollment Form
 - Completed HAP Disclosure of Ownership and Control Interest Statement form
 - Current W-9
 - IRS EIN Letter
 - Doula Certification Letter for Type 1 Individual only
 - Lara Validation
 - Professional Liability Insurance

Name (last, first, middle):		
Male	Female	Race/Ethnicity (optional):
NPI #:	Group NPI #:	CHAMPS number:

Office address information		
Street:		
City, ST, Zip:		
Phone:	Fax:	Email:
Website:		

Billing information		
Pay to name:		
Tax Identification Number:	Billing NPI:	
City, ST, Zip:		
Phone:	Fax:	Email:

Consent and Authorization

Through signature below, I certify that the information provided herein is true, accurate and complete. Additions to or revisions to the information above will be submitted immediately upon revision. Additionally, I understand that misleading, inaccurate or incomplete data may result in denial of participation.

Provider name (please print)

Provider signature

Date