



# **Doula Invoice**

Developed for the HUSKY Health Maternity Bundle Payment Doula Integration Toolkit

### Background for this document

The Connecticut Department of Social Services (DSS) plans to implement a <u>Maternity Bundle Payment</u> <u>program</u> (called "the bundle" for the remainder of this document) for the HUSKY Health program beginning January 2024, pending federal approval. The bundle is part of DSS' overarching goal to move toward paying for equitable care in a value-based way. In addition to providing a new payment structure, DSS has allocated additional funds for doula and lactation services as an integral component of the bundle. Doula and lactation support services will be rendered and reimbursed under the medical provider through the bundled payment.

### How to use this tool

This document was designed as a resource that doulas and providers wishing to establish a contractual relationship for the provision of doula services may modify to create a template as a baseline to develop their invoice.

### Recommended cadence and payment terms

Invoice monthly for services rendered in the previous month's period. For example, invoice on April 1 for all care rendered in the month of March. Payment terms of 30 days are recommended.





## [Doula Company Name]

# **Summary**

[Street Address] [City, State, Zip Code] [Phone] [email address]

### To:

[Provider/Medical practice name] [Street Address] [City, State, Zip Code]

### **Time Period Covered:**

From [xx/xx/xx] to [xx/xx/xx]

#[xx] Date xx/xx/xx Due Date xx/xx/xx

Invoice

Service Description	Number of encounters	Rate	Total
Prenatal visit		\$	\$
Attendance at birth		\$	\$
Postpartum visit		\$	\$
Total			\$

### Comments:

See invoice spreadsheet for patient level encounter detail.