

# Doula registration for Humana Healthy Horizons

Thank you for your interest in working with Humana Healthy Horizons® in Kentucky enrollees.

Complete the registration form below and return it via email to **KYMCDDoulaProviders@humana.com**.

All fields are required; if a field is not applicable to you or your organization, please note N/A. Include a copy of your photo ID or driver's license and any relevant certifications with this registration. This form also should be submitted to update your doula information within 30 days of a change in status.

Are you registering as an individual or on behalf of an organization?		Individual	Organization
Are you or your organizational representative at least 18 years of age?		Yes	No
First name:	Last name:		
Company or organization name (if applicable):			
If registering as an organization please list full names of all doulas in the organization:			
Address (where you would like to receive payment):			
Phone number:		Email:	
Website (optional):		Preferred contact method:	
Special populations served (e.g., LGBTQIA+, Black, Indigenous, Latinx, Asian, Muslim community, etc.):		Languages spoken other than English:	
Training date: _____		Training organization: _____	
(Please also attach a picture of doula certificate of training if applicable)			
Other relevant training or credentials:			
Years of doula experience:		Number of births attended (if applicable):	
Type of doula services provided (check all that apply):		Full spectrum	Prenatal
Fetal loss		Other (please specify) _____	Postpartum



Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan Inc.

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Service area (please list by Kentucky county or city):

Are you interested in being listed in an online Humana Healthy Horizons doula directory?    Yes        No  
By indicating “yes” you give Humana Healthy Horizons permission to publish your contact information in an online directory for enrollees to search for doula provider referrals.

By signing below, the applicant certifies that the information provided in this application is true, accurate and complete.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signing on behalf of an organization, you verify you are an authorized representative of that organization.

Upon submission of this form, Humana will send a confirmation email. Upon application approval, Humana will send an email with your Humana Healthy Horizons doula ID. Once you have your unique doula ID, you may accept Humana Healthy Horizons enrollee referrals and submit for reimbursement. As a reminder, always verify coverage of the enrollee prior to providing any services. Humana Healthy Horizons will only reimburse for dates of service during active coverage.