



MASSHEALTH DOULA PROVIDER

HEALTH EQUITY RESOURCES FOR MASSHEALTH DOULA PROVIDERS: ATTESTATION

Commonwealth of Massachusetts | Executive Office of Health and Human Services | www.mass.gov/masshealth

I _____ (doula name),

NPI # _____,

attest that I have reviewed and understand the Health Equity Resources for MassHealth Doula Providers.

_____ (Signature)

The form can either be signed traditionally and then scanned, or it can be signed electronically using DocuSign or Adobe Sign. For electronic signatures, the signer can upload a picture of their wet signature. The typed text of a signature is not an acceptable form of an electronic signature.

_____ (Date)

Please submit the completed form along with your enrollment application package to the following fax number or mailing address.

Fax: (617) 988-8974

Mail: MassHealth Provider Enrollment and Credentialing
PO Box 278
Quincy, MA 02171-0278

If you have any questions about the enrollment process, please email PEC@Maximus.com. For general questions, you may contact MassHealth by email at provider@masshealthquestions.com. Please note: These email boxes are only for general questions. They are not secure. Please do not send documents to these email boxes, or include any personal health information (PHI) or personally identifiable information (PII). You may also call (800) 841-2900, TDD/TTY: 711.