

## Electric, Nonhospital Grade Breast Pump Request Form (in place of prescription)

Submit your completed form via an email to managedcarefax@medline.com or fax to 1-866-202-1563 For assistance, call Medline at 1-877-791-0064

Please complete all patient information below or attach face sheet containing the demographic information. *Denotes a required field		
Member's name (mother):*	Infant's DOB (if baby has been born):*	
Mother's Member's ID:*	Estimated due date:*	
Member's DOB (mother):*	Infant's Member ID:	
Member's cell phone number:	Member's name (infant):	
Member's shipping address:*		
City, State:*	ZIP code:*	
Member's email (for Continuum of Care program):		
Request: electric breast pump (non-hospital grade), ICD-10: Z39.1		
<b>Requirements:</b> Baby must be due within 30 days or have been born within no more than six months prior to request date. Mom and baby must be enrolled. Pump will be delivered 30 days prior to baby's estimated date of birth.		
Please mark the member's breast pump choice below:		
<ul> <li>Complete with a dual hygienikit® milk collection kit without BPA</li> <li>Includes 2 36-inch tubes, tubing adapter/pump connector, 2 adapter caps, 2 silicone diaphragms, 2 pump bodies with standard size breast shields with custom fit breast flanges, reducing inserts, 4 white valves and 2 4-ounce polypropylene bottles with tops</li> <li>AC power adapter and built-in battery pack</li> <li>2-year warranty.</li> <li>3 customizable and 8 adjustat for maximum production</li> <li>Innovative tec baby's natural to baby's natural</li></ul>	Description levelsDouble Electric Breast pumpcomfort and milk1 - Double pumping kit with 24mm PersonalFit™ breast shieldshnology mimics feeding pattern 	

patient's medical record contains information that supports medical necessity for the item(s) prescribed. In my opinion, the item(s) being prescribed is/are reasonable and necessary with reference to accepted standards of medical practice in treatment of this patient's condition and has/have not been prescribed as convenience item(s).

Ordering provider (first and last):	NPI number (if applicable):
Provider signature:	Today's date:

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