

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 name (mother):*	Infant DOB (if baby has been born):*
Member ID (mother):*	Estimated due date:*
Member DOB (mother):*	Member ID (infant):
Member cell phone number:	Member name (infant):
Member shipping address:*	
City, State:*	ZIP code:*
Member email (for Continuum of Care program):	

Request: electric breast pump (non-hospital grade), ICD-10: Z39.1

Requirements: 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 and up to six months after.

Please mark the member's breast pump choice below:

 SKU # 101A02	☐		☐		☐
Ameda Finesse™ Pump • Complete with a dual hygienikit® milk collection kit without BPA • 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 • AC power adapter and built-in battery pack • 2-year warranty.		Lansinoh Signature Pro® • 3 customizable pumping styles and 8 adjustable suction levels for maximum comfort and milk production • Innovative technology mimics baby's natural feeding pattern • Hygienic, closed system guarantees no milk enters motor or tubing to help prevent bacteria and mold growth • Lighted LCD screen with timer • BPA & BPS free		Medela Pump In Style® Starter • 1 - Pump In Style Advanced Double Electric Breast pump • 1 - Double pumping kit with 24mm PersonalFit™ breast shields • 2 - Breast milk collection containers with lids • Connectors, valves, membranes and tubing • 9 volt AC adaptor	

I, the undersigned, certify that the indicated prescribed item(s) is/are medically necessary for this patient's well-being. The 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: