

BREAST PUMP ORDER FORM / WRITTEN ORDER PRESCRIPTION

Patient First Name: _____

Patient Last Name: _____

Patient Phone: _____

Patient Email: _____

Patient Date of Birth (MM/DD/YYYY): _____

Patient Address (City, State, Zip):

Baby Due Date (MM/DD/YYYY): _____

Insurance Carrier**: _____

Insurance ID #: _____

Insurance Group #: _____



Pump Options (check one):

- Spectra S2 Plus Electric Breast Pump
- Zomee Z2
- Lansinoh SmartPump™ Double Electric
- Ameda Mya Joy Electric
- Medela Pump in Style with MaxFlow® Electric
- Ameda Glo Wearable

*Upgrade: _____ (see website breastpumps123.com or use QR code to choose your pump) – *Complete on website for upgrade fee*

**Fee will be associated with all upgrades. Breastpumps123 will call you to collect a fee before your breast pump delivery.*

Patient Signature

Date

Items Prescribed (Product & HCPCS Code): _____

ICD-10 Diagnosis Code: _____

Provider or Midwife Name: _____

Provider Signature : _____ Date: _____

Phone #: _____

NPI #: _____

Reminder: Medicaid only covers 1 pump every 3 years.

***United Healthcare patients need chart notes faxed with Rx*

Insurance only covers 1 pump per pregnancy.

BreastPumps123 has many options for cash paying customers. Please call 208-724-4262

ORDERING INSTRUCTIONS

1. Complete all of the ORDER FORM, pick your pump, sign and have your physician sign at the beginning of your third trimester.
2. Take a picture of the FORM and send it via:
 - **Email:** orders@breastpumps123.com
 - **Fax:** (208) 639-1155
 - **Load:** on Breastpumps123.com
3. Pump will be shipped to your front door in 1–5 days. Local delivery available upon request. **Shipping is free.**