BECN 15306034612

BINSON'S Medical Equipment & Supplies Since 1953

888-BINSONS
Fax: 586-755-2322

Reset Form

Electric Breast Pump Order Form

Order Date: _____ ☒ Female ☐ Male

Patient's Name: _____

Patient's Address: _____

City: _____ State: ____ Zip: _____

Patient's Telephone: _____

Patient's Email: _____

Patient ID: _____ Patient's DOB: _____

Insurance Carrier: _____

ID #: _____ Group #: _____

Secondary Insurance: _____

ID #: _____ Group #: _____

Expected Due Date: _____

Reason for Medical Necessity (Other than diagnosis) _____
(Must be filled out for Medicaid Patients)

Diagnosis Code **Duration of Need** _____

- ☐ Z39.1 - Encounter for care and examination of lactating mother
- ☐ P92.5 - Difficulty in feeding at the breast
- ☐ Other Diagnosis: _____
- ☐ 092.5 - Suppressed lactation
- ☐ 092.70 - Unspecified disorders of lactation

Equipment

☐ **Medela Double Electric Pump In Style**

☐ **Evenflo Advanced Double Electric Pump**

Physician Name & Credentials _____

Telephone _____ **Fax** _____ **NPI** _____

Prescribing Physician's Signature _____ _____
(Stamped signature not accepted) (Signature Date)

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