

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 _____

Diagnosis Code

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

Other Diagnosis: _____

Equipment

<p>Medela Double Electric Pump In Style</p> 	<p>Evenflo Advanced Double Electric Pump</p> 
--	---

<p>Physician Name & Credentials: _____</p> <p>Telephone: _____ Fax: _____</p>	<p>Physician's NPI Number: _____</p>
---	--

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

<p>CENTER LINE 26834 Lawrence</p> <p>EASTPOINTE 21571 Kelly Rd</p> <p>FARMINGTON HILLS Tri-Atria Building 32255 Northwestern Hwy</p>	<p>FLINT G-4433 Miller Rd</p> <p>FLINT - PHARMACY One Hurley Plaza, Suite 100</p> <p>LIVONIA 13450 Farmington Rd</p>	<p>LIVONIA St. Mary Mercy Hospital 36475 5 Mile Rd</p> <p>ROYAL OAK 30475 Woodward Ave</p> <p>SAGINAW 5599 Bay Rd</p>	<p>SOUTHGATE 18800 Eureka Rd</p> <p>STERLING HEIGHTS 43900 Schoenherr Rd</p> <p>TROY 6475 Rochester Rd</p>
---	--	--	--

888-BINSONS • 586-755-2300 • Fax: 586-755-2322