



**Electric Breast Pump Order Form**

Order Date: _____ <input checked="" type="checkbox"/> Female <input type="checkbox"/> 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: _____
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<b>Duration of Need</b> _____	<b>Reason for Medical Necessity</b> _____
<b>Diagnosis Code</b>	
<input type="checkbox"/> Z39.1 - Encounter for care and examination of lactating mother	<input type="checkbox"/> 092.5 - Suppressed lactation
<input type="checkbox"/> P92.5 - Difficulty in feeding at the breast	<input type="checkbox"/> 092.70 - Unspecified disorders of lactation
<input type="checkbox"/> Other Diagnosis: _____	

<b>Equipment</b>	
<input type="checkbox"/> <b>Medela Double Electric Pump In Style</b>	<input type="checkbox"/> <b>Evenflo Advanced Double Electric Pump</b>
	

<b>Physician Name &amp; Credentials:</b> _____ <b>Telephone:</b> _____ <b>Fax:</b> _____	<b>Physician's NPI Number:</b> _____
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**Prescribing Physician's Signature** \_\_\_\_\_ **Signature Date** \_\_\_\_\_  
 (Stamped signature not accepted)

**MICHIGAN LOCATIONS**  
**CENTER LINE**  
 Corporate & Retail Location  
 26834 Lawrence  
 Center Line, MI 48015  
 586-755-2300  
**888-BINSONS**  
 Fax: 586-755-2322

**ANN ARBOR**  
 814 Phoenix Dr  
**DEARBORN**  
 5250 Auto Club Dr  
**EASTPOINTE**  
 21571 Kelly Rd

**FARMINGTON HILLS**  
**Tri-Atria Building**  
 32255 Northwestern Hwy  
**FLINT**  
 G-4433 Miller Rd  
**LIVONIA**  
 13450 Farmington Rd

**LIVONIA**  
**St. Mary Mercy Hospital**  
 36475 5 Mile Rd  
**ROYAL OAK**  
 30475 Woodward Ave  
**SOUTHGATE**  
 18800 Eureka Rd

**TROY**  
 6475 Rochester Rd  
**STERLING HEIGHTS**  
 43900 Schoenherr Rd  
**FLORIDA LOCATION**  
**LONGWOOD**  
 830 S. Ronald Reagan Blvd  
 866-928-0003

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