Pediatric Medical Supply, Inc.

2511 Browncroft Blvd., Suite 101
Rochester, NY 14625
Phone: 585-381-3060 Fax: 585-381-3064
Accredited by Healthcare Quality Association on Accreditation (HQAA)

From: _____ Date: _____

_____

_____

Phone: _____Fax: _____

Breast Pump Order Form

Mother's Name _____DOB_____
Address_____
City_____State_____Zip Code_____
Phone Number _____Cell Phone Number_____
Primary Insurance: BCBS TriCare BCBSWNY Lifetime Benefits Independent Health Aetna Molina
Fidelis* Medicaid* Other_____
Insurance ID #_____Insurance Phone Number_____

Out of area insurance Benefits must be verified prior to dispensing (Monday - Friday)

Fidelis and Medicaid require Prior Authorization after baby is born

Baby's DOB_____ or Estimated Delivery Date:_____

Certificate of Medical Necessity

Equipment Rx: Electric Breast Pump (E0603)
Breast Pump Supplies (A4281, A4282, A4283, A4284, A4285)

Length of Need: Purchase (99 Months)

Diagnosis Code: Supervision of lactation - Z39.1

Physician Signature: _____Date:_____

Physician Name: _____ NPI Number:_____

Please fax this <u>form and demographic information</u> to 585-381-3064.