The Breastfeeding Shop

Breast pumps and supplies through your insurance

Pump Supplies Prescription

Fax **(866) 430-7882** Phone **(866) 255-6779**

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1 PATIENT

PATIENT NAME | **DATE OF BIRTH** | **PHONE**

INSURANCE | **DUE DATE OR BIRTH DATE**

2 REPLACEMENT SUPPLIES

Check all that apply

	ITEM	QTY	HCPCS
☐	Flanges	2	**A4284**
☐	Bottles with locking rings and caps	2	**A4285, A4283, A4286**
☐	Tubing	2	**A4281**
☐	Replacement valves and membranes	12	**A4288 / A9999**

Diagnosis **Z39.1**

3 SPECIAL NOTES

INITIAL HERE

If patient has a state Medicaid administered health insurance plan, please have a Medicaid credentialed provider sign the order.

PROVIDER AUTHORIZATION

PROVIDER NAME (PRINT) | **PROVIDER NPI** | **PROVIDER PHONE**

PROVIDER SIGNATURE | **DATE (REQUIRED)**

SIGNING REQUIREMENTS

- Signed only by an MD, DO, PA, CRNP, DNP, CNMW or ARNP.
- Any of these providers may sign, by hand or electronically, with printed name, NPI and date.
- An RN, LPN or MA cannot sign or initial on behalf of the provider.
- No stamped signatures.

Fax the signed form to (866) 430-7882 or email RX@thebreastfeedingshop.com

Questions? (866) 255-6779

Form: TBFS-WEB-SUPPLIES