

BREAST PUMP PRESCRIPTION

PATIENT INFORMATION

Mother's Name: _____ Mother's Date of Birth: _____
 Address: _____ Phone: _____
 Primary Insurance: _____ Member ID: _____
 Secondary Insurance (if applicable): _____ Member ID: _____
 Baby's Date of Birth: _____

PUMP INFORMATION

- Ameda Purely Yours Double Electric Breast Pump (17070PMW)
- Includes: (1) Dual HygieniKit Milk Collection System: (2) 25.0mm breast flanges, (2) diaphragms, (2) 4oz. bottles with universal thread, and lock tight lids, (4) valves, (2) tubing, (2) adapter cap, (1) tubing adapter for single or dual pumping, plastic storage bag.
 - Can be powered by AC Adapter (included), 6AA batteries, or car adapter. Batteries and car adapter not included.



PRESCRIPTION INFORMATION

DIAGNOSIS: (Please check all that apply)

- | | |
|--|--|
| <input checked="" type="checkbox"/> V24.1 Lactating mother | <input type="checkbox"/> 676.24 Engorgement |
| <input type="checkbox"/> 779.31 Feeding problems/Slow feeding infant | <input type="checkbox"/> 774.6 Jaundice |
| <input type="checkbox"/> 783.41 Slow weight gain/infant | <input type="checkbox"/> 675.24 Mastitis |
| <input type="checkbox"/> 676.43 Lactation failure | <input type="checkbox"/> 676.04 Retracted nipple |
| <input type="checkbox"/> 676.34 Sore nipple | <input type="checkbox"/> 675.04 Nipple infection |
| <input type="checkbox"/> 757.6 Other breast/nipple anomaly | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 676.84 Delayed Lactation/Other specified disorders of lactation | |

PRESCRIPTION:

- Double Electric Breast Pump (E0603 Personal Pump)
 Tubing Adapter Bottles & Caps Locking Ring Breast Flanges

PHYSICIAN INFORMATION

Name: _____ NPI Number: _____
 Office Address: _____ Phone Number: _____
SIGNATURE: _____ Date: _____
 (Physician signature is required)

FAX THIS PRESCRIPTION FORM TO:

Americle Healthcare Inc.
 2144 Priest Bridge Ct., Suite 13
 Crofton, MD 21114
 www.americlehc.com
 Phone: (410) 721-0958
 (866)733-2282
 Fax: (410) 721-8994
 (866) 721-4404

Insurances Accepted:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Aetna | <input checked="" type="checkbox"/> Info Med |
| <input checked="" type="checkbox"/> Amerigroup | <input checked="" type="checkbox"/> In Touch |
| <input checked="" type="checkbox"/> Amerihealth | <input checked="" type="checkbox"/> IWIF |
| <input checked="" type="checkbox"/> Blue Cross (all regions) | <input checked="" type="checkbox"/> Mail Handlers |
| <input checked="" type="checkbox"/> Blue Choice | <input checked="" type="checkbox"/> Maryland Medicaid |
| <input checked="" type="checkbox"/> CareCentrix | <input checked="" type="checkbox"/> MD Physicians Care MDIPA |
| <input checked="" type="checkbox"/> CareFirst | <input checked="" type="checkbox"/> NASCO |
| <input checked="" type="checkbox"/> Coventry | <input checked="" type="checkbox"/> One Net |
| <input checked="" type="checkbox"/> DC Medicaid | <input checked="" type="checkbox"/> Riverside Health of Maryland |
| <input checked="" type="checkbox"/> Department of Labor | <input checked="" type="checkbox"/> UMR |
| <input checked="" type="checkbox"/> Federal Employee Program | <input checked="" type="checkbox"/> United Health Care |
| <input checked="" type="checkbox"/> GEHA | <input checked="" type="checkbox"/> Virginia Medicaid |
| <input checked="" type="checkbox"/> Homelink | |
| <input checked="" type="checkbox"/> Humana | |

