

# Breast Pump (E0603) with Supplies Order



Either: Fax: 888-786-5565  
Email: Pumpit@babypavilion.com

Date: \_\_\_\_\_

## Patient Section

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mobile : ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Benefits #: \_\_\_\_\_ (11 digits – back of card)

Due Date: \_\_\_\_\_ Weeks of Gestation: \_\_\_\_\_

## Physician Section (Prescription – CMN)

- Rx:** Electric Breast Pump (E0603)
- Dx:** Z39.1 Encounter for care and examination of lactation mother

### Supplies to be included per Tricare's Policy:

- 2 A4284 (Flanges)
- 2 A4281 (Tubing)
- 2 A4285 (Bottles)
- 2 A4283 (Caps)
- 90 A9999XH (Milk Storage Bags) every 30 days
- 1 A9900XR (Replacement Kit) once for this birth
- 12 A9900XG (Valves/Membranes) over 12 months after birth

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Physician Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ NPI: \_\_\_\_\_