



MHM GROUP LLC (DBA: BABY PAVILION)
 12807 CAPRICORN ST, STAFFORD, TX 77477
 1-800-616-7860 EMAIL: INFO@BABYPAVILION.COM

PRESCRIPTION: BREAST PUMP & ACCESSORIES / CERTIFICATE OF MEDICAL NECESSITY

PLEASE FAX TO 1-888-786-5565

PATIENT INFORMATION:

Name of Mother:

Date of Birth

Delivery/Due Date:

Phone#

(DoD) Benefits #

PHYSICIAN ORDER:

Billing Code	Description	QTY	Notes
E0603	Double Electric Breast Pump		
A4281	Tubing for Breast Pump		
A4282	Adapter for Breast Pump		
A4283	Bottle Caps for Breast Pump		
A4284	Breast Shields for Breast Pump		
A4285	Bottle for Breast Pump		
A4286	Locking Ring for Breast Pump		
A9999	Breast Milk Storage bags		

Refill: Yes No

Length of need:

Months as needed.

Reason (Please check all that apply):

(Z39.1) Encounter for care and examination of lactating mother.

Other _____

Authorization

Print Name

NPI#

Phone#

Signature

Date

My signature above confirms that the patient is being treated by me. All the information contained on this form accurately reflects the patients needs. The patient is able to follow instructions and is able to use the ordered product. For insurance requirements I will maintain the signed original document in the patient's medical record for post-payment review purposes.

This fax, including any attachments may contain material protected and governed by the Health Insurance and Portability and Accountability Act (HIPAA). This fax and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to which they are addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless authorized. If you are not the intended recipient of this fax please note that you have received this fax in error and any use, dissemination, forwarding, printing or copying of this fax is strictly prohibited. If you have received this fax in error, please immediately contact the sender of this message.