



Mama Strut™ Postpartum Care System Rx / Delivery Request

Supplier Address:
19015 S Jodi Road, Ste A, Mokena, IL 60448

Supplier Phone:
708-633-1560

Supplier NPI:
1053364695

Supplier Tax ID:
201668371

Pat:
Clinic:
Rep:

Date:

Patient information (Mother only)	Delivery / shipping info, if different
First name: _____ MI: _____ Last name: _____ Address: _____ Unit/Apt: _____ City, state, zip: _____ Mother's DOB: _____ / _____ / _____ Due date / baby's DOB: _____ / _____ / _____ *Mobile phone: (_____) _____ *I, the patient, agree to receive text messages from Neb Medical Services. I understand Neb Medical will text me only if additional information is needed to process my breast pump order. I understand all text messages will stop upon completion of my breast pump order, or if I text STOP to opt out at any time. I may also text HELP for assistance. Message and data rates may apply. *Patient signature: _____	Ship to name: _____ (if different) Address: _____ Unit/Apt: _____ City, state, zip: _____

Insurance information (please attach a copy of insurance card)	Commercial HMO's require pre-authorization
Insurance permits mother to receive Mama Strut™ Postpartum Care System any time after 34 weeks' gestation	
Primary: _____ ID: _____ Group: _____ Referral #: _____ Secondary: _____ ID: _____ Group: _____	HMO's require referral/pre-auth

Clinic information	Please print prescribing physician's name and NPI
Provider first name: _____ Last: _____ NPI: _____ Clinic name: _____ Phone: _____ Address: _____ Suite: _____ City, state, zip: _____	

Certificate of Medical Necessity	All fields to be completed by Provider
Provider signature: _____ stamped signatures not acceptable Provider credentials: _____ Signature date: _____	

<u>Equipment prescribed</u> Mama Strut Postpartum Care System (L8310)	<u>QTY</u> (1)	<u>Frequency of use</u> 1 unit / 365 days	<u>Length of need</u> 99 months – Purchase only	<u>Brand / Model number:</u> Mama Strut postpartum care system / MS-Size
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Start date of the order: _____ / _____ / _____ Support belt serial number: _____

What will my Mama Strut size be? Mama Strut is sized to fit your postpartum body and has over 6" of adjustability to shrink with you as you heal. When sizing, we recommend that you buy your pre-pregnancy pant size. If you have multiples, gained more than 25-35 lbs during pregnancy, or are between sizes, order the larger size. Measure your 8 or 9-month belly at its widest point and subtract 4 inches - that will be your postpartum size. If your hips measure larger, size for your hip measurement.

Dx: <input type="checkbox"/> Low back pain (M54.5) <input type="checkbox"/> Pelvic and perineal pain (R10.2) <input type="checkbox"/> Lower abdominal, inguinal, groin pain (R10.30) <input type="checkbox"/> Vulval Varices (I86.3) <input type="checkbox"/> Other _____	Size: <input type="checkbox"/> X-Small (26" - 32") <input type="checkbox"/> Small (32" - 37") <input type="checkbox"/> Medium (35" - 42") <input type="checkbox"/> Large (38" - 45")	<input type="checkbox"/> X-Large (42" - 48") <input type="checkbox"/> 2-XL (48" - 54") <input type="checkbox"/> 3-XL (54" - 60") <input type="checkbox"/> 4-XL (60" - 64")
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Brief narrative of medical necessity / directions for use: