



# Breast Pump Supplies Written Order / Delivery Request

Clinic:

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

Supplier Phone  
708-633-1560

Supplier NPI  
1053364695

Supplier Tax ID  
201668371

Rep:

Date:

**Patient information (mother only)**

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit/Apt: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Mother's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Due date / Baby's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Email Address: \_\_\_\_\_ \*Mobile phone: (\_\_\_\_) \_\_\_\_\_

*All orders will be confirmed with the patient prior to delivery*☐ *Marque aquí si desea una llamada en español*

\*By providing your email/mobile number, you agree to receive email/text messages from Neb Medical Services. Text messages will stop upon completion of your order(s), or you may opt out at any time by texting **STOP**. You may also text **HELP** for assistance. Message and data rates may apply.

**Insurance information (please attach a copy of insurance card)**

Commercial HMO's require pre-authorization

Primary: \_\_\_\_\_ ID: \_\_\_\_\_ Group: \_\_\_\_\_ Referral #: \_\_\_\_\_

**HMO's require referral/pre-auth**

Secondary: \_\_\_\_\_ ID: \_\_\_\_\_ Group: \_\_\_\_\_

**Clinic/hospital information**

Please print prescribing provider'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

**Refill supplies as needed**

|                                               | <b>Quantity</b>     | <b>Frequency of use</b> | <b>Length of need</b> |
|-----------------------------------------------|---------------------|-------------------------|-----------------------|
| Breast shields (A4284)                        | 365 days, as needed | 2 units / 30 days       | 99 months (purchase)  |
| Disposable canisters/bottles (A7000 or A4285) | 365 days, as needed | 2 units / 30 days       | 99 months (purchase)  |
| Tubing used with pump (A7002 or A4281)        | 365 days, as needed | 2 units / 30 days       | 99 months (purchase)  |
| Replacement bottle caps (A4283)               | 365 days, as needed | 2 units / 30 days       | 99 months (purchase)  |
| Replacement breast pump locking rings (A4286) | 365 days, as needed | 2 units / 30 days       | 99 months (purchase)  |
| Replacement diaphragm/membrane (A9900)        | 365 days, as needed | 2 units / 30 days       | 99 months (purchase)  |
| Replacement valves (A9999)                    | 365 days, as needed | 2 units / 30 days       | 99 months (purchase)  |
| Replacement breastpump adpt (A4282)           | 365 days, as needed | 1 unit / 365 days       | 99 months (purchase)  |
| Breast milk storage bags (K1005)              | 365 days, as needed | 120 units / 30 days     | 99 months (purchase)  |

**Start date of the order:** \_\_\_\_/\_\_\_\_/\_\_\_\_**Dx:** ☒ Encounter for care and examination of lactating mother (Z39.1)☐ Unless specified here: \_\_\_\_\_ (\_\_\_\_)**Brief narrative of medical necessity / directions for use:** Use breast pump and supplies as needed for collection and storage of breastmilk**Provider signature:** \_\_\_\_\_*stamped signatures not acceptable***Provider credentials:** \_\_\_\_\_**Signature date:** \_\_\_\_\_**Fax to Neb Medical Services with a copy of insurance card and HMO pre-authorization – main fax (708) 633 – 1574, alternative fax (708) 995 – 5084**