

BREAST PUMP ORDER FORM

PLEASE FAX THIS FORM *WITH A COPY OF PATIENT INSURANCE/DEMOGRAPHIC INFORMATION TO*
FAX# 708-406-1629

Patient Name _____ DOB _____

E-mail _____ Phone _____

Address _____

PRESCRIPTION / MEDICAL NECESSITY

- E0603 Double Electric Breast Pump
Use pump as needed to maintain/increase milk supply.

Physician Name:

NPI:

Physician Name:

NPI:

Elizabeth Basham, MD 1225290414

Kristine Borrison, MD 1730144072

Suzanne Bovone, MD 1255441457

Elizabeth Buescher, MD 1033382346

Mary Imig, MD 1194780957

Karen Kunzel, MD 1184689911

Eve Ladwig-Scott, MD 1700172616

Charlene Reimnitz, MD 1467412072

Gordon Rosenberg, MD 1306806922

Martin Silverman, MD 1376508127

Larry Tiglao, MD 1073837662

Gerald Trobough, MD 1497710263

Clinic Name Los Olivos Women's Medical Group Phone (408) 356-0431

Clinic Address 15151 National Avenue Los Gatos, CA 95032

Physician Signature _____ Date _____

I certify the above prescribed equipment is medically indicated and supports accepted standards of medical practice for this patient's condition.

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Congratulations on your bundle of joy! Thank you for choosing Ashland Health to assist you with your breast pump needs. Our goal is to make this process easy and hassle-free for you, so you can focus your time and energy on caring for yourself and your new family member.

The Affordable Healthcare Act, signed into law in 2010, requires that insurance companies cover breastfeeding supplies and support.

Here are 3 easy steps to take to obtain your insurance covered breast pump:

- 1. Your physician will fax your prescription to 708-406-1629. We will call you to confirm we have received a prescription.**
- 2. We will work with your insurance company to determine coverage and pump options.**
- 3. We will call you to confirm your address for pump shipment and to discuss pump options. After we have confirmed your order, we will ship the pump to your door at no charge to you.**

Most insurance companies will allow delivery of a breast pump 30-60 days prior to your due date, with some allowing delivery at any time during your pregnancy.

Should you have any questions regarding your pump arrival or its' functionality, please contact us via phone or email at the contact information listed below. We are committed to a helpful and supportive process while you embark on this journey with your little one.

Expect our Best.

Ashland Women's Health

Phone: 312-771-0671

Fax: 708-406-1629

Email: info@ashlandhealthrx.com