**DWO for Breast Pump and Supplies**

**Patient Demographic (MUST complete)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Weeks of Gestation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Primary Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor SSN# or Benefits#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Babies EDD/DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Standard Double Electric Breast Pump E0603**

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| Please select one of the following: Set includes: 2 bottles, 2 bottle caps, 6 valves, 2 breast shields, 2 tubing, 1 power adapter. **Spectra 1 Plus Spectra S2 Plus** **Spectra S9 Medela PISA starter Ardo Calypso Essentials** |
| **Covered Supplies AFTER PUMP IS PAID with no additional prescription are the following:**

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| 2 replacement bottles and caps/locking rings every 12 months |
| 1 power adapter after the first 12 months |
| 12 valves/membranes every 12 months (1 unit = a set of 2 valves/membranes) |
|  2 set (2) flanges/breast shields = 4 units |
| 1 set of tubing |
| 90 breast milk bags every 30 days |
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| Please note:Additional replacement supplies in excess of the above limits may be covered with a separate prescription if medically necessary. The prescription must be specific to the supplies needed. |

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Diagnosis: CHECK ONE BELOW

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|  | Encounter for supervision of normal first pregnancy, 3rd trimester  | ICD: Z34.03 |
|  | Encounter for supervision of other normal pregnancy, 3rd trimester  | ICD:Z34.83 |
|  | Lactating mother  | ICD: Z39.1 |
|  | Premature/NICU (specify weeks of prematurity) | ICD: P07.30-P07.39 |
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Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

TENS Unlimited

 Use only

Received Date Stamp: