



The Breastfeeding Shop

308 Main Street, Emmaus PA 18049

Toll Free 1-866-255-6779

www.TheBreastfeedingShop.com

Breast Pump & Accessory Order Form

Fax Completed & Signed Order to

1-866-430-7882

Patient Info

Patient Name _____ Expectant Mom's DOB _____

Insurance ID / For Tricare Sponsor ID (SSN or DBN) _____

Insurance Company _____ Due Date _____

Phone Number _____ Email Address _____

Physician Order for Breast Pump

(Tricare covers 90 milk storage bags every 30 days)

Double Electric Breast Pump E0603

DX Z39.1

(Tricare allows for coverage on/after 27 weeks of pregnancy)

Physician Order for Replacement Supplies & Bags

(If initial parts have become non-functional or damaged)

Flanges-2
A4285

Bottles (Locking Rings, Caps)-2

A4285,A4283,A4286

Tubing-2
A4284

Replacement Valves/
Membranes - 12

A9999

Special Notes (Please Initial after NOTE)

Initial Here

Pregnancy Support Products

Compression Hose 15-30 mmhg
A6530 - 2 pairs

Reason For Medical Necessity (Please Circle)

22.0 Varicose Veins 12.0 Edema Post Partum

Other DX _____

Maternity Support Belt / Back Brace L0621

Reason For Medical Necessity (Please Circle)

M54.5 Back Pain 99.89 Postpartum Back Pain

Other DX _____

Intermittent Pneumatic Compression
(DVT) E0676

Reason For Medical Necessity (Please Circle ALL that apply) Pregnancy Z34 Bed Rest C-Section 74.0

History of DVT Z86.718 Edema R60.0

Varicose Veins I83.201

(May require additional documentation)

Other DX _____

Provider Authorization

Provider's Name _____

Provider's NPI _____ Provider's Phone _____

Provider's Signature _____ Date (MUST HAVE) _____

