

Breast Pump Ordering

Breast pumps are available at no cost through your insurance if you are eligible. To learn if you are eligible, and to begin the process of ordering your pump, please see the steps below.

1. Contact a Durable Medical Equipment (DME) Company, which is in network with your insurance, to check your eligibility for a breast pump. The DME Company will also provide specific information on which brand of pump is covered through your insurance.
This can be done by calling your insurance, or by contacting one of the DME companies included in this packet
2. Have your doctor complete the DME Company's Breast Pump Order Form, and return the form to the company via email or fax. ***Breast pump order forms are included in this packet***
3. You and the DME Company will then coordinate delivery of your pump.

Durable Medical Equipment Companies

Total Home Health

<http://www.totalhomehealth.com/>

Phone: 773-486-3998

NEB Medical

<https://www.nebmedical.com/>

Phone: 866-633-1597

Aeroflow

<https://aeroflowbreastpumps.com/>

Phone 844-867-9890

Kosirog Breast Pump Services

Phone: 773-486-3998

Total Home Health

RESPIRATORY & MEDICAL EQUIPMENT

www.totalhomehealth.com

Fax: 773-486-5848

PLACE LABEL HERE

EQUIPMENT INTAKE FORM FROM: _____

Equipment (with list price) - please check item:

Qty 1	Medela Advanced Personal Double Breast Pump	<input type="checkbox"/> \$275.00
Qty 1	Ameda Double Electric Breast Pump	<input type="checkbox"/> \$275.00
Qty 1	BelleMa Plethora with 3D Pump System	<input type="checkbox"/> \$275.00

Please check one: Dispensed at hospital Please ship to patient directly

ASSIGNMENT OF BENEFITS AND RELEASE OF AUTHORIZATION/FINANCIAL RESPONSIBILITY

I request payment under my medical insurance to be made directly to the above named company. In the event my medical insurance does not make payment I will be held financially liable to company for all charges. I authorize any provider of my medical information to release any information necessary to determine services, benefits, and payment on my behalf. I permit a copy of this authorization to be used in place of the original. I permit the review of my record by accrediting and licensing agents and/or for the purpose of quality control.

Although company will assist you by filing insurance claims on your behalf, you remain solely financially responsible for payment in full for services defined above which may include, but not be limited to, deductible amounts, co-payment amounts or non-payment by insurer for any reason including your responsibility to return to your physician, to seek additional medical records and authorizations and for any non-compliant usage of the above services.

Waiver of Liability and Acceptance of Risk Associated with Treatment

I understand there are certain risks involved with using this equipment and I agree to follow my doctor's orders. I agree to hold THH Acquisition LLC I d/b/a Total Home Health and its staff harmless regarding the use or delivery of my equipment/services.

Mother's (or Representative's) Signature Relationship Date

Mother's Name (Printed) Mother's DOB Phone #

Mother's Address City State Zip

Insurance Name Insurance #/Group #

Diagnosis Infant's DOB

Physician's Name (Printed) NPI

Physician's Signature Date of signature (by Physician)

TOTAL HOME HEALTH USE ONLY:

Chargeback—Reason: _____

NEB MEDICAL

services

www.nebmedical.com

ILLINOIS

19015 S JODI ROAD, SUITE A

MOKENA, IL 60448

PHONE: 866.633.1597

FAX: 866.633.1543

maternity@nebmedical.com

To expedite your order, please complete this form.

 /nebmedicalservices

 @nebmedicalservices

Patient Information (mother only)

FIRST NAME	MI	LAST NAME
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ADDRESS	UNIT/APT	CITY/STATE/ZIP
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MOTHER'S DATE OF BIRTH	DUE DATE /BABY'S DOB
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EMAIL ADDRESS	MOBILE PHONE
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Certificate of Medical Necessity (all fields to be completed by provider)

EQUIPMENT PRESCRIBED:	QTY:	LENGTH OF NEED:
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BREAST PUMP, DOUBLE ELECTRIC (E0603)	(1)	99 MONTHS (purchase only)
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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 as needed for collection and storage of breastmilk.*

PROVIDER SIGNATURE (*stamped signatures are not acceptable*)

PROVIDER'S NPI

PROVIDER CREDENTIALS

SIGNATURE DATE



Making Life Easier.

AEROFLOW BREASTPUMPS ORDER FORM

Patient

Patient Name: _____ DOB MM/DD/YYYY _____

Email: _____ Phone: _____

Prescriber

Prescriber's Name: _____ NPI Number: _____

Practice / Office Name: _____

Phone: _____ Fax: _____

E0603 Electric Breast Pump and Accessories (A4281, A4282, A4283, A4284, A4285, A4286, A9999)

Diagnosis:

Z39.1

Length of Need: 99 (purchase)

Aeroflow Breastpumps carries a wide variety of breast pumps and accessories from leading manufacturers including Medela, Spectra, Lansinoh, Ameda and more. Upon receipt of order and insurance verification, an Aeroflow Breastpump Specialist will contact the patient to discuss coverage and breast pump options.

RX Notes

**Physician's Signature: _____ Date: _____

FAX THIS PRESCRIPTION TO:

800.806.2799

Aeroflow Breastpumps