

Patient Name: _____ DOB: _____

Address: _____ Due Date: _____

Phone: _____ Email: _____

Policy Holder Name: _____ Insurance Name: _____

Policy ID #: _____ Policy Group #: _____

- Double Electric Breast Pump / Supplies**
Diagnosis / ICD-10 Code
 Z39.1 Lactating Mother
 Other: _____
Length of need - 12 months
Use pump as needed to maintain/increase milk supply.
A4281 - Replacement Tubing - 24 ea.
A4282 - Replacement Battery Pack - 1 ea.
A4283 - Replacement Bottle Lid - 24 ea.
A4284 - Replacement Breast Shields - 24 ea.
A4285 - Replacement Bottle - 24 ea.
A4286 - Replacement Locking Ring - 24 ea.

- Blood Pressure Monitor / Cuff**
Diagnosis / ICD-10 Code:
 O13.3 Pregnancy Induced Hypertension
 Other: _____

- Maternity Support Brace**
Diagnosis / ICD-10 Code
 M54.50 Other Lower Back Pain
Belly Circumference: _____ Inches
Use brace daily to relieve low back pain during pregnancy and post-partum.

- Compression Stockings / Socks / Leggings - Qty 4**
Diagnosis / ICD-10 Code
 O22.01 Varicose Veins 1st Trimester
 O22.02 Varicose Veins 2nd Trimester
 O22.03 Varicose Veins 3rd Trimester
 Other: _____

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

Clinic Name: _____ Phone: _____

Address: _____ Fax: _____

Physician Name: _____ NPI: _____

Physician Signature: _____ Date: _____