

## COVERED

## **Electric Breast Pumps**



BelleMa Melon Double Electric\*



Medela PNSA Starter (57081)\*



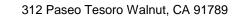
Evenflo Single Electric (Medi-Cal)

\*Upgrade Fee may apply...

Anthem Blue Cross ♣ California Health & Wellness ♣ CalOptima—
Direct ♣ CenCal Health ♣ Central Cal. Alliance For Health (CCAH)
Gold Coast Health Plan ♣ Health Net / CalViva ♣ IEHP –Direct
Medi-Cal FFS ♣ Noble IPA ♣ Partnership Health Plan
River City Medical Group

Available through Advanced Home Medical, Inc.

(909) 569 - 9013





\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_

Phone:

Address:

City:\_\_ Contact:



Customer Service: 1-800-230-4761

## www.advancedhomemed.com **BREAST PUMP ORDER FORM (Rx)**

PATIENT SHIP TO I	INFO:		Ship to:	☐ Home	□ Clinic	
Patient Name:			Phone:			
Address:		Apt:	City/State:		_ Zip:	
Insurance (attach copy):	☐ Medi-Cal	□ Blue Cross □ Other:	II	D#:		
DOB:	_ EDD/Delive	ry Date:	Nother's Name & DOB (if pt is infant):			
	ecessity in the	patient's records. PLEASE VERIFY			law requires the attending physician to able Care Act (ACA) requires health	
DIAGNOSIS (Dx	():					
Mother's Dx (check all that apply):			Infant's Dx (chec	Infant's Dx (check all that apply):		
☐ Postpartum care, lacta	tion (Z39.1)	☐ Breast engorgement (O92.29)	☐ Feeding problems (	R63.3)	☐ Slow weight gain (R62.51)	
☐ Lactation, suppressed	(O92.5)	☐ Retracted nipple (O92.03)	Breast milk jaundice	e (P59.3)	☐ Failure to thrive (P92.6)	
☐ Mastitis (O91.22)		☐ Sore nipple (O92.20)	□ Neonatal jaundice (	P59.9)	☐ Diarrhea (R19.7)	
☐ Breast Abscess (O91.12)		☐ Cracked nipple (O92.13)	☐ Underweight (R63.6)			
☐ Breast infection (O91.2	23)	☐ Other	_ ☐ Excessive crying, in	fant (R68.11)	☐ Other	
and private insurance betto any of the undersigned	nefits due to p d, the payee w		ed Home Medical Inc. In the cal Inc all checks for such pa	event payments	behalf and to collect directly all public for insurance benefits are made directly ersigned certifies that she has not	
Patient Signature				Da	te:	
•		ue and medically necessary for the al tion, omission, concealment of mate	·			
Provider Name & A	ddress:				SE FAX TO:	
Name:		NPI:				
Facility/Clinic:				1-888	3-518-7568	

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info@advancedhomemed.com