MMS MILITARY MEDICAL SUPPLIES
Serving Those Who Serve America

TRICARE®

Email to: info@militarymedical.us.com
Fax to: (800) 497-8856

ALL FIELDS REQUIRED

Date: _____ *Baby DOB:* _____

Patient Name: _____ *Patient DOB:* _____

Patient Address: _____

City: _____ *State:* _____ *Zip:* _____

Patient Cell: _____ *Patient Email:* _____

Patient Benefits Number (11digits): _____

Did you receive a breast pump through tricare?: *Yes* _____ */ No* _____

DISPENSE ONE SUPPLEMENTAL NURSING SYSTEM (SNS)

DX CODE:

All diagnoses must be related to lactation

- ☐ O92.79 Lactation delayed
- ☐ O92.4 Lactation suppressed (Hypogalactia)
- ☐ O92.3 Agalactia
- ☐ Other _____

SUPPORTING THE WHO BREASTFEEDING RECOMMENDATIONS

Certificate of Medical Necessity is needed if the breast pump was not prescribed and paid by tricare

Physician Name: _____ *Physician Signature:* _____

Physician Phone: _____ *NPI:* _____

Clinic: _____

BRANCH	FAX	NPI #
California	(800) 497-8856	1942392527
Arizona	(623) 248-1701	1366008161
Colorado	(719) 413-5089	1174137731
Washington	(253) 344-1457	1669040465
Hawaii	(888) 286-7412	1205354321