

# BREAST PUMP

■ Prescription

Email to: [info@militarymedical.us.com](mailto:info@militarymedical.us.com)

Fax to: (800) 497-8856

## ALL FIELDS REQUIRED






Date: \_\_\_\_\_ Expected Due Date: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Patient Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Patient Cell: \_\_\_\_\_ Patient Email: \_\_\_\_\_  
Patient Benefits Number (11 digits): \_\_\_\_\_

## PERSONAL BREAST PUMP (E0603)








### DISPENSE ONE ELECTRIC BREAST PUMP

DX CODE:  Z33.1 - Pregnant state, incidental  Z39.1 Lactating mother

### COVERED AT 100%

<input type="checkbox"/> BabyBuddha	<input type="checkbox"/> Elvie Stride	<input type="checkbox"/> Medela Pump-In Style with MaxFlow	<input type="checkbox"/> Medela Pump in Style Hands Free	<input type="checkbox"/> Minuet Bundle
				
<input type="checkbox"/> Spectra S1	<input type="checkbox"/> Spectra S2	<input type="checkbox"/> Spectra 9 Plus	<input type="checkbox"/> Zomee Z2	<input type="checkbox"/> Zomee Fit
				

### UPGRADE OPTIONS

<input type="checkbox"/> Elvie	<input type="checkbox"/> Opera	<input type="checkbox"/> Medela Freestyle Hands Free	<input type="checkbox"/> Medela Maxi Swing	<input type="checkbox"/> Spectra Synergy Gold	<input type="checkbox"/> Willow 360	<input type="checkbox"/> Willow Go
						

### BRANCHES:

**California:**  
P: (800) 270-6990  
F: (800) 497-8856  
NPI # 1942392527

**Arizona:**  
P: (623) 248-1630  
F: (623) 248-1701  
NPI # 1366008161

**Colorado:**  
P: (719) 413-5090  
F: (719) 413-5089  
NPI # 1174137731

**Washington:**  
P: (253) 235-5840  
F: (253) 344-1457  
NPI # 1669040465

**Hawaii:**  
P: (808) 691-9973  
F: (888) 286-7412  
NPI # 1205354321

## PHYSICIAN'S INFORMATION

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_ NPI: \_\_\_\_\_  
Clinic: \_\_\_\_\_