



## Breast Pump Detailed Written Order / Delivery Request

Supplier Address: 2130 W. Jefferson, Joliet, IL 60435	Supplier Phone: (815) 725-1102	Supplier NPI: 1093720633	Supplier Tax ID: 36-3488554
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Date: \_\_\_\_\_

<b>Patient Information (Mother Only)</b>	<b>Delivery/ Shipping Info, If different</b>																				
<b>First Name:</b> _____ <b>MI:</b> _____ <b>Last Name:</b> _____ <b>Address:</b> _____ <b>Unit/Apt:</b> _____ <b>City: State: Zip:</b> _____ <b>Mother's DOB:</b> _____ <b>Due Date/ Baby's DOB:</b> _____	<b>Ship to Name: (if different)</b> _____ <b>Address:</b> _____ <b>Unit/Apt:</b> _____ <b>City: State: Zip:</b> _____																				
<ul style="list-style-type: none"> <li>● <b>Mobile Phone:</b> _____</li> <li>● <b>I, the patient, agree to receive text messages from Basinger's pharmacy. I understand Basinger's Pharmacy will text me only if additional information is needed to process my breast pump order. I understand all text messages will stop upon completion of my breast pump order, or if I text STOP to opt out at any time. I may also text HELP for assistance. Message and data rates may apply.</b></li> <li>● <b>Patient Signature:</b> _____</li> </ul>																					
<b>Insurance information (Please attach a copy of insurance card)</b>																					
<b>Commercial HMO's require pre-authorization</b>																					
<b>Primary: ID:</b> _____ <b>Secondary: ID:</b> _____	<b>Group: Referral #:</b> _____ <b>Group: HMO's require referral/pre-auth</b>																				
<b>Clinic Information</b>																					
<b>Please print prescribing physician's name and NPI</b>																					
<b>Provider first name: Last: NPI:</b> _____ <b>Clinic name: Phone:</b> _____ <b>Address: Suite:</b> _____ <b>State:</b> _____	<b>City:</b> _____ <b>Zip:</b> _____																				
<b>Certificate of Medical Necessity</b>																					
<b>All fields to be completed by Provider</b>																					
<b>Fax to Basinger's Pharmacy with a copy of insurance card and HMO pre-authorization - (815) 725-1844</b>																					
<b>Provider Signature:</b> _____ <b>Provider Credentials:</b> _____ <b>Signature date:</b> _____																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Equipment prescribed</u></th> <th style="text-align: center;"><u>QTY</u></th> <th style="text-align: center;"><u>Frequcy of use</u></th> <th style="text-align: center;"><u>Length of need</u></th> </tr> </thead> <tbody> <tr> <td>Breast Pump, double electric (E0603)</td> <td style="text-align: center;">(1)</td> <td style="text-align: center;">1 unit / 5 years</td> <td style="text-align: center;">99 months - purchase only</td> </tr> <tr> <td>Breast shield (A4284)</td> <td style="text-align: center;">(2)</td> <td style="text-align: center;">4 unit / 30 days</td> <td style="text-align: center;">99 months - purchase only</td> </tr> <tr> <td>Disposable canister (A7000)</td> <td style="text-align: center;">(2)</td> <td style="text-align: center;">2 unit / 30 days</td> <td style="text-align: center;">99 months - purchase only</td> </tr> <tr> <td>Tubing used with pump (A7002)</td> <td style="text-align: center;">(2)</td> <td style="text-align: center;">2 unit / 30 days</td> <td style="text-align: center;">99 months - purchase only</td> </tr> </tbody> </table>		<u>Equipment prescribed</u>	<u>QTY</u>	<u>Frequcy of use</u>	<u>Length of need</u>	Breast Pump, double electric (E0603)	(1)	1 unit / 5 years	99 months - purchase only	Breast shield (A4284)	(2)	4 unit / 30 days	99 months - purchase only	Disposable canister (A7000)	(2)	2 unit / 30 days	99 months - purchase only	Tubing used with pump (A7002)	(2)	2 unit / 30 days	99 months - purchase only
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<b>Start date of order:</b> _____ <b>Pump serial number:</b> _____ <b>Brand/Model number:</b> _____																					
<b>Dx:</b> <input type="radio"/> <b>Encounter for care and examination of lacting mother (092.5)</b> <input type="radio"/> <b>Unless specified here:</b>																					
<b>Brief narrative of medical necessity / directions for use:</b> <b>Example, check if applicable</b> <input type="radio"/> <b>use breast pump as needed for collection and storage of breastmilk</b>																					
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