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BALTIMORE, MD 21234
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BREASTPUMPS@NORTHERNPHARMACY.COM



REGISTER EARLY TO RECEIVE YOUR BREAST PUMP AFTER DELIVERY WITH OUR EASY ONE-STEP PROCESS
PRESCRIPTION FORM – ELECTRIC BREAST PUMPS

PATIENT INFORMATION

Name (First & Last): _____ Date of Birth: ____/____/____
Address: _____ City / State / Zip: _____
Email Address: _____ Phone: (____) _____
**Email Address will be used for communication purposes only. We will not share your information with any third parties.*

INSURANCE INFORMATION (PLEASE SEND A COPY OF THE FRONT AND BACK OF THE PATIENT'S INSURANCE CARD(S))

Primary Insurance: _____ Secondary Insurance: _____
Member ID: _____ Member ID: _____
Group Number: _____ Group Number: _____
Policy Holder: _____ Policy Holder: _____
Relationship to Patient: _____ Relationship to Patient: _____
Policy Holder Date of Birth: _____ Policy Holder Date of Birth: _____
MA# (MAMCO Patients): _____ MA# (MAMCO Patients): _____

ITEM(S) PRESCRIBED (PLEASE SPECIFY BRAND PREFERRED BY LACTATION NURSE. MAY BE SUBSTITUED BASED ON INSURANCE COVERAGE)

E0603 Standard Electric Breast pump (Purchase)
 Ameda Mya Joy Medela Pump in Style Advanced Spectra S2
 Ameda Mya Joy *or equivalent (covered by Medicaid)
Additional Flange Sizes:
 28.5mm 30.5mm
 32.5mm 36.0mm

E0604* Ameda Elite Hospital Grade Electric Breast Pump (Rental)
*Only covered while the baby is in the NICU. Estimated length of NICU stay: ____ months unknown

Replacement Refills: Double Electric Breast Pump Kit (99 refills)
includes: A4281 (tubing), A4282 (adapter), A4283 (cap for bottle), A4284 (shield & splash protector), A4285 (polycarbonate bottle), A4286 (locking ring)

Accessories (not covered by insurance):

- Upgrade for Ameda \$50 - Includes: Tote Bag, Cooler with Ice Packs, 4 Bottles and Lids, Nursing Pads, and Milk Storage Bags
- Upgrade for Medela \$75 – Includes: Tote Bag, Battery Pack, Insulated Cooler Bag & Ice Pack, and 2 Extra Bottles & Lids
- Upgrade for Spectra \$50 – Includes: Tote Bag, Cooler Kit (2 Bottles and Lids, Gel Ice Pack, and Pink Insulated Bag)

APPLICABLE DIAGNOSES (CHECK ALL THAT APPLY)

Z39.1 Breast-Feeding Mother (Date of Delivery: ____/____/____)
 060.12x1 Premature Delivery (14-28 weeks) 060.14x1 Premature Delivery (28-37 weeks)
 060.12x1 + 060.12x2 Premature Delivery of Twins (14-28 weeks) 060.14x1 +060.14x2 Premature Delivery of Twins (28-37 weeks)
 091.03 Infection of Nipple(s) 091.13 Abscess of Breast(s) 091.23 Nonpurulent Mastitis
 092.03 Retraction of Nipple(s) 092.13 Cracked Nipple(s) 092.5 Suppressed Lactation
Other (please specify ICD-10 and description) _____

PRESCRIBING PHYSICIAN INFORMATION

Name (First & Last): _____ NPI: _____
Address: _____ City/ State / Zip: _____
Phone: (____) _____ Fax (____) _____
Signature: _____ Date: _____