

BREAST PUMPS ARE COVERED BY MOST INSURANCE COMPANIES UNDER THE AFFORDABLE CARE ACT. SIMPLY FILL OUT THE FORM & PICK YOUR PUMP. TAKE A PICTURE OF THE ORDER FORM AND SEND TO:

EMAIL: OMBREASTPUMPS@GMAIL.COM

TEXT: (208) 251-5107

FAX: (833) 254-2640

WE WILL VERIFY YOUR INSURANCE, CONTACT YOU AND YOU WILL GET YOUR PUMP IN 1-4 BUSINESS DAYS! (ALL PUMPS ARE DOUBLE ELECTRIC)



SPECTRA S2



MEDELA PUMP IN STYLE



LANSINOH SMARTPUMP



AMEDA MYA JOY



SPECTRA S9



SPECTRA S1
\$75 UPGRADE



WILLOW GO
\$200 UPGRADE



WILLOW 3.0
\$375 UPGRADE

BREAST PUMP ORDER FORM

Patient Name

Patient Email

Phone Number

Patient Date of Birth

Patient Full Mailing Address

Baby Due Date

Insurance Company

Full Insurance ID# and Group #

Patient Signature

Date

By my signature I am authorizing the marked items to be billed to my insurance and delivered to the address I provided.

BREAST PUMP (mark one)

☐ Spectra S2

☐ Medela Pump in Style

☐ Lansinoh Smartpump

☐ Ameda Mya Joy

☐ Spectra S9

☐ Spectra S1

☐ Willow Go

☐ Willow 3.0

PRESCRIBED ITEM(s):

Double Electric Breast Pump (Eo603)

OB/GYN Provider or Midwife

Phone #

NPI

ICD-10 Diagnosis Code

Provider Signature

Date

By my signature I am prescribing the above marked item(s). In my judgement the products are medically necessary and consistent with current applicable standards of care