

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 3.0 SMARTPUMP



LANSINOH SIGNATURE PRO



AMEDA MYA JOY



SPECTRA S9



SPECTRA S1 \$75 UPGRADE



LANSINOH WEARABLE \$50 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)**

- |   |  |
|---|--|
| <input type="checkbox"/> Spectra S2             | <input type="checkbox"/> Spectra S9        |
| <input type="checkbox"/> Medela Pump in Style   | <input type="checkbox"/> Spectra S1        |
| <input type="checkbox"/> Lansinoh 3.0           | <input type="checkbox"/> Lansinoh Wearable |
| <input type="checkbox"/> Lansinoh Signature Pro | <input type="checkbox"/> Willow Go         |
| <input type="checkbox"/> Ameda Mya Joy          | <input type="checkbox"/> 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