



Electric, Nonhospital Grade Breast Pump Request Form (in place of prescription)

Ways to submit your completed form: **1) via email:** orders@amedadirect.com **2) fax** to 337-628-2240
For assistance, call Medline at 1-877-791-0064.

Please complete all patient information below or attach face sheet containing the demographic information.

***Denotes a Required Field**

Member's name (mother)*:	Infant's birthdate*(if baby's born):
Member's Amerigroup Community Care ID (mother)*:	Estimated due date*:
Member's DOB (mother)*:	Member's Amerigroup ID (infant):
Member's phone number*:	Member's name (infant):
Member's shipping address*:	
City*, State*:	ZIP code*:
Member's email:	

Request: electric breast pump (nonhospital grade), ICD-10: Z39.1

Requirements: Mom and baby must be TennCare members. Pump will be delivered upon notice baby has been born. If baby is already born, pump will be fulfilled once form received and information validated.

The member will receive the breast pump below:



Ameda Purely Yours Plus Pump

- Dual hygienikit® without BPA includes two 36-inch tubes, tubing adapter/pump connector
- Two adapter caps
- Two silicone diaphragms
- Two pump bodies with standard size breast shields as well as CustomFit breast flanges and reducing insert
- Four white valves and two four-ounce polypropylene bottles with tops
- AC power adapter and built-in battery pack

Additional no-cost member benefits (applicable only to members receiving Ameda brand breast pumps):

- Online library of breastfeeding tips and videos (Visit insured.amedadirect.com for more information.)
- Lactation support professionals online and a dedicated call center
- Regular communication from Ameda Direct with tips for success with breastfeeding

I, the undersigned, certify that the above prescribed item(s) is/are medically necessary for this patient's well-being. The patient's medical record contains information which supports medical necessity for the item(s) prescribed. In my opinion, the item(s) being prescribed is/are reasonable and necessary with reference to accepted standards of medical practice in treatment of this patient's condition and has/have not been prescribed as convenience item(s).

Ordering provider (first and last):	NPI number (if applicable):
Provider signature:	Today's date: