

Medoville Inc.
12821 Oak Hill Ave
Hagerstown, MD 21742
Phone: 888-630-2334
Fax: 301-576-5977



Medoville Inc.
110 Baughmans Lane, Suite106
Frederick, MD 21702
Phone: 888-630-2334
Fax: 301-576-5977

Breast Pump Physician Order Form & Authorization

PRACTICE NAME: _____ PRACTICE ID: _____ SERIAL #: _____

DEMOGRAPHICS and DELIVERY TICKET:

PATIENT INFO (MOTHER): _____

(First Name)

(M.I.)

(Last Name)

/ /
(Date of Birth)

(Address)

(City)

(State)

(Zip)

(Contact Phone)

(Baby Due Date or Date of Birth)

(Childs Name)

PRIMARY INSURANCE
COMPANY:

MEMBER
ID#:

GROUP
ID#:

SECONDARY
INSURANCE COMPANY:

MEMBER
ID#:

GROUP
ID#:

Please Read and Sign

- I acknowledge receipt of the item prescribed. I understand that if my insurance coverage is denied, I am responsible to pay the Provider the amount equal to my Insurance's allowable for this equipment, plus any charge related to an upgrade in equipment.
- I authorize release of all medical records needed to process my order by my Insurance Plan for the above referenced equipment
- I certify that I have read the terms and conditions of this agreement, any attachments and agree to its content.
- I request that an assignment of payment be made to the Provider by my insurance company.

By my signature, I acknowledge and agree to the terms of this agreement

Patient's Signature: _____ Date: _____

Breast Pump Prescription/Physician Authorization (To be completed by the prescribing Physician, Physician's Assistant, or Nurse Practitioner)

Date: _____ Birthing Hospital: _____

DIAGNOSIS: Lactating Mother/Breastfeeding (Z39.1)
 Other (please specify ICD-10 and description) _____

PRESCRIPTION: Double Electric Breast Pump (E0603)

PHYSICIAN
SIGNATURE:

PHYSICIAN NAME
PRINTED:

NPI #:

SIGNATURE DATE:

The forgoing information is true, accurate and complete. This prescription will serve as a confirmation of a verbal order and is documented in the patient's record. I understand that, if the patient is covered under the Affordable Care Act, insurance may cover breastfeeding supplies and equipment as a wellness benefit.