

# Healthy Babies, Happy Moms

www.healthybabieshappymoms.com

www.WyomingMedicaidBreastPumps.com

Fax # 844-276-5457

## DME Breast Pump Prescription

Member's Name: \_\_\_\_\_

Member's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member's Shipping Address: \_\_\_\_\_  
\_\_\_\_\_

Member's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Member's Email: \_\_\_\_\_

Estimated Due Date or Gestational Age: \_\_\_\_/\_\_\_\_/\_\_\_\_ or \_\_\_\_\_

Member's Medicaid ID Number: \_\_\_\_\_

Projected Length of Need: \_\_\_\_\_

Diagnosis Code:

Z34.93 - Encounter for supervision of normal pregnancy, unsp, third trimester

Z39.1 - Encounter for care and examination of lactating mother

O92.79 - Other disorders of lactation

Other: \_\_\_\_\_

Medical Necessity:  Yes  No

Order for:  Double Electric Breast Pump with all associated parts and supplies (E0603)

**REMINDER: Please advise patients that in addition to this prescription, they need to fill out an order form at [www.WyomingMedicaidBreastPumps.com](http://www.WyomingMedicaidBreastPumps.com)**

Printed Name of WY Medicaid Credentialed Provider: \_\_\_\_\_

Signature of WY Medicaid Credentialed Provider: \_\_\_\_\_

Order Date: \_\_\_\_/\_\_\_\_/\_\_\_\_. NPI #: \_\_\_\_\_