



www.healthybabieshappymoms.com/insurancebreastpumps

Fax # (401) 884-5541

# Breast Milk Storage Bag Prescription

Member Name: \_\_\_\_\_

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

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

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

Patient Email: \_\_\_\_\_

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

Member's Insurance Provider: \_\_\_\_\_

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

Projected Length of Need: One year after EDC.

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:  Breast Milk Storage Bags (K1005)

**REMINDER: Please advise patients that in addition to this prescription, they need to fill out an order form at [www.healthybabieshappymoms.com/insurance-breast-milk-storage-bags](http://www.healthybabieshappymoms.com/insurance-breast-milk-storage-bags)**

Printed Name of Authorized Provider: \_\_\_\_\_

Signature of Authorized Provider: \_\_\_\_\_

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