



Boston Obstetrics and Gynecology

Breast Pump & Supplies Order Form and Prescription (Rx)

Healthy Baby Essentials 1600 Boston Providence Highway Suite 131 Walpole MA 02081



Breast pumps are typically covered by Insurance. As a result, Boston Obstetrics and Gynecology is working with HBE to provide you a new pump. To receive your breast pump, please complete this form & scan to Referrals@breastpumps.com or **FAX to 508-404-1761**. For further assistance or help choosing a pump, you can call us at 888-495-7491. OR submit your info and order online at Breastpumps.com/order - ENOS NPI 1215997853

Mother's Information (all fields required):

Full Name: _____ Mother's DOB: _____ **Expected Delivery Date:** _____

Street: _____ Apt #: _____ City/State: _____

Zip: _____ Phone: _____ E-mail: _____

Insurance Type and ID# (If you do not see your insurance, check "Other" and we will contact you):

- Blue Cross – Non Federal
- Wellsense HP/BMC Hnet
- Harvard Pilgrim
- MassHealth
- MGB Health Plan
- Fallon
- Aetna
- Tufts
- Cigna
- United
- Other _____



*****CHECK HERE TO ORDER FREE MILK STORAGE BAGS**
My Insurance Plan MAY entitle me to either a 1 or 3 month supply of milk storage bags under my benefit. I authorize Breastpumps.com to verify my insurance coverage and IF milk storage bags are covered, to provide me with the supply allotted by my plan and be contacted within 30 days to reorder more under my benefit.

Insurance ID #: _____

You are covered for one pump per birth from below based on your insurance, if you order additional pumps elsewhere you will be billed: I affirm that I have not already received a pump for this pregnancy and agree to pay \$150.00 if my claim is denied due to benefit exhaustion or an inactive insurance policy

Zomee Z2 Wearable <input type="checkbox"/>	Zomee Z2 with Kit <input type="checkbox"/>	Unimom Opera <input type="checkbox"/>	NEW Medela MaxFlow <input type="checkbox"/>	Lansinoh Discreet Duo <input type="checkbox"/>	Zomee Z2 <input type="checkbox"/>	Ardo Melia <input type="checkbox"/>	Spectra S2 <input type="checkbox"/>

I request that payment of authorized insurance and other benefits be made on my behalf to Healthy Baby Essentials (HBE) for the products and services that they have provided for me. I authorize HBE to bill by insurance company for the equipment listed above and I agree to pay any copays or other charges not covered by my insurance. HBE will notify me prior to shipping of any listed copays. If, for any reason, my insurer denies the claims through no fault of HBE, I will be billed \$150.00, and will pay HBE, for this pump. I further authorize a copy of this agreement to be used in place of the original and authorize any holder of medical information about me to release to HBE any information needed to determine these benefits or compliance with current healthcare standards including HIPAA. By signing below I acknowledge I have read and understand this notice. HBE is not the specific manufacturer of the breast pump options herein and therefore is not liable for the unanticipated malfunction of any pump. If, in the unlikely instance a breast pump does not function for its intended use for any reason, you can contact the manufacturer of your chosen pump and request a replacement pursuant to the specific warrant of that pump, as applicable.

I am Interested in an UPGRADE Option – Please do NOT select a fully covered pump option from the list above. Our office will contact you to discuss the options and pricing.

Mother's signature: _____ Date: _____

Breast Pump Prescription/Physician's Order:

Rx Equipment Order- Purchase Pump (E0603) Diagnosis: Post partum lactation ICD-10 Z39.1 <i>Supplies per Insurance benefit, as requested by patient: Qty 1 unit 1>99 months</i>	Boston OB GYN: 1 Brookline Place, Suite 423, Brookline, MA 02445 Ph #: 617-566-1535	Date of Service: _____
Milk Storage Bags K1005/A4287 - 360/90 days	<input checked="" type="checkbox"/> Provider Name (printed): _____	
Tubing Replacement (A4281)	<input checked="" type="checkbox"/> MD/NP/CNM Signature: _____	Check Here <input type="checkbox"/> Refills permitted per insurance benefit
Adapter (A4282)	<input checked="" type="checkbox"/> NPI#: _____	
Breast Shields (A4284)		
Bottle Cap (A4283)		
Bottle(s) (A4285)		

I certify that I am the prescribing provider identified in Rx of this form. Any attached statement on my/this letterhead has been reviewed and signed by me. I certify that the medical necessity information (per 130 CMR 450.204) on this form is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Breast Pump Comparison Chart

	 Zomee Z2 Wearable	 Zomee Z2 with Kit	 Unimom Opera	 Spectra S2	 Ardo Melia	 Medela Pump In Style with MaxFlow	 Zomee Z2	 Lansinoh Discreet Duo
Warranty	2 Years	2 Years	3 Years	2 Years	1 Year	1 Year	1 Year	2 Years
Modes	Stimulation Expression Alternating	Stimulation Expression Alternating	Stimulation Expression Alternating	Stimulation Expression	Stimulation Expression	Stimulation Expression	Stimulation Expression	Stimulation Expression
Strength	280 mmhg	280 mmhg	280 mmhg	270 mmhg	270 mmhg	220 mmhg	280 mmhg	280 mmhg
Touch Screen	Yes	Yes	Yes	No	No	No	No	No
Battery	Rechargeable	Rechargeable	Rechargeable	No	Rechargeable	AA-8	Rechargeable	AA-6
Tote	No	Yes	No	No	No	No	No	Yes
Flange Sizes	24mm 28mm	24mm 28mm	24mm 28mm 21mm (insert)	24mm 27mm	24mm	24mm	25mm 28mm	25mm 30.5mm
Hands-Free	Yes	Compatible Cups Sold Separately	Compatible Cups Sold Separately	Compatible Cups Sold Separately	Yes	Compatible Cups Sold Separately	Yes	Yes

Convert any standard pump to hands-free with Zomee Collection Cups - compatible with all featured models - turn over for pricing and ordering.



Our hand-free collection cups can be worn inside a standard nursing bra, so you can pump completely hands-free anytime, anywhere



24mm & 28mm breast shield size

5-ounce capacity

Easy pour spout

Lightweight

You also have the option to upgrade your pump for an additional charge or find extra accessories to make your breastfeeding experience easier. Call our office at 888-495-7491 or e-mail referrals@breastpumps.com to order.

Please call for full list of upgrade options and pricing:

