NEB MEDICAL services
Making Life Easier

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maternity@nebmedical.com • www.nebmedical.com
/nebmedicalservices @nebmedicalservices

To expedite your order, please complete this form.

Patient Information (mother only)

FIRST NAME | MI | LAST NAME

ADDRESS | UNIT/APT | CITY/STATE/ZIP

MOTHER'S DATE OF BIRTH | DUE DATE /BABY'S DOB

EMAIL ADDRESS* | MOBILE PHONE*

By providing your email/mobile number, you agree to receive email/text messages from Neb Medical Services. You may opt out at any time by texting STOP, message and data rates may apply.

Certificate of Medical Necessity (all fields to be completed by provider)

EQUIPMENT PRESCRIBED:	QTY:	LENGTH OF NEED:
☒ BREAST PUMP, DOUBLE ELECTRIC (E0603)	(1)	99 MONTHS (purchase only)
☒ BREAST PUMP REFILL SUPPLIES (AS NEEDED)		
Breast Shields (A4284)	2 units / 30 days	90 days, as needed
Disposable Canisters/Bottles (A7000 or A4285)	2 units / 30 days	90 days, as needed
Tubing used with pump (A7002 or A4281)	2 units / 30 days	90 days, as needed
Replacement Bottle Caps (A4283)	2 units / 30 days	90 days, as needed
Replacement Breast Pump Locking Rings (A4286)	2 units / 30 days	90 days, as needed
Replacement Diaphragm/Membrane (A9900)	2 units / 30 days	90 days, as needed
Replacement valves (A9999)	2 units / 30 days	90 days, as needed
Breast milk storage bags (K1005)	120 units / 30 days	90 days, as needed

DX: ☒ Encounter for care and examination of lactating mother (Z39.1)
☐ Unless specified here:

Brief narrative of medical necessity / Directions for use: ***Use breast pump as needed for collection and storage of breastmilk.***

PROVIDER SIGNATURE *(stamped signatures are not acceptable)*

PROVIDER'S NPI _____

PROVIDER CREDENTIALS _____

SIGNATURE DATE _____