Physician Prescription and Delivery Request

Supplier Information:	19015 S Jodi Road, Ste A Mokena, IL 60448	Phone 708-633-1560	NPI 1053364695	Tax ID 201668371	BCBS Provider # 1634992

Date:

Patient information (mother only)

First name: _____ MI: _____ Last name: _____

Address: _____ Unit/Apt: ____ City, state, zip: _____

Mother's DOB: _____ /_____ /_____ Due date / Baby's DOB: _____ /_____ /_____

*Email Address: _____ *Mobile phone: (_____) _____

All orders will be confirmed with the patient prior to delivery ☐ *Marque aquí si decea una llamada en español*

*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.

Insurance information (please attach a copy of insurance card) | Commercial HMO's require pre-authorization

Primary: _____ ID: _____ Group: _____ Referral #: _____

HMO's require referral/pre-auth

Secondary: _____ ID: _____ Group: _____

Clinic/hospital information | Please select prescribing provider's name and NPI

Provider first name: _____ **Last:** _____ **NPI:** _____

Clinic name: _____ Phone: _____

Address: _____ Suite: _____

City, state, zip:_____

Certificate of Medical Necessity | All fields to be completed by provider

Equipment prescribed, length of need 99 months	Total Quantity	Frequency of use	Diagnosis (ICD-10)
☐ **Breast pump, double electric (E0603)**	1 unit	1 unit / 5 years	☒ Lactating mother (Z39.1)
☒ **Breast milk storage bags (K1005)***	365 days, as needed	120 units / 30 days	
☒ **Breast pump supplies as needed, includes*:** Breast shields (A4284), Bottles (A4285), Tubing (A4281), Bottle caps (A4283), Locking rings (A4286), Diaphragm/membrane (A9900), Valves (A9999)	365 days, as needed	2 units / 30 days	*Storage bags and pump supplies are provided only after continued use is verified
☐ **Compression socks, below knee, 18-30 mmhg** (A6530) ☐ **Shoe Size:** _____	8 pairs	4 units / 180 days	☐ Varicose Veins 1st Trimester (O22.01) ☐ Varicose Veins 2nd Trimester (O22.02) ☐ Varicose Veins 3rd Trimester (O22.03) ☐ Edema (R60.9) ☐ Other: _____ (_____)
☐ **Back brace, maternity support** (L0621) **Waist Size:** _____ (inches)	1 unit	1 unit / 365 days	☐ Low back pain, unspecified (M54.50) ☐ Other low back pain (M54.59) ☐ Other: _____ (_____)
☐ **Auto Blood Pressure Monitor w/ cuff,** (A4670) **Arm Size:** _____ (inches) ☒ **Replacement cuff, as needed, (A4663)***	1 unit 1 unit	1 unit / 5 years 1 unit / 365 days	☐ Essential (primary) hypertension (I10) ☐ Other: _____ (_____) *Valid only if BPM is supplied
Postpartum Recovery and Hernia (L8310 or L0626) ☐ **Pelv-ice Mama Strut Postpartum Support Brace** ☐ **ITA-MED Abdominal Binder** ☐ **ITA-MED Hernia Support** **Waist Size:** _____ (inches)	 1 unit 1 unit 1 unit	 1 unit / 365 days 1 unit / 365 days 1 unit / 365 days	☐ Swelling/Edema (O90.89) ☐ Vulvar Varicosity (O22.10) ☐ Perineum Pain (R10.2) ☐ C-Section Wound (O90.0) ☐ Other: _____ (_____)

Start date of the order: _____ /_____ /_____

Narrative of medical necessity/directions for use: Use breast pump and supplies for collection and storage of breastmilk, socks to reduce swelling, braces in support of back or pelvic area, BPM to monitor blood pressure at different times.

Provider signature: stamped signatures not acceptable **Signature date:**

Fax to Neb Medical Services with a copy of insurance card and HMO pre-authorization – main fax (708) 633 – 1574, alternative fax (708) 995 – 5084