

Ways to submit your completed form: **1) email** at motherandbaby@medline.com **2) fax** to 1-866-430-9336
 For assistance, call Medline at 1-833-718-2229.

Please complete all patient information below or attach face sheet containing the demographic information.
***Denotes a required field**

Member's name (mother):*	Infant's birthdate (if baby has been born):*
Member's Amerigroup ID (mother):*	Estimated due date:*
Member's DOB (mother):*	Infant's Amerigroup ID:
Member's phone number:*	Member's name (infant):
Member's shipping address:*	
City, State:*	ZIP code:*
Member's email (for Continuum of Care program):	

Request: electric breast pump (nonhospital grade), ICD-10: Z39.1

Requirements: Mom and baby must be enrolled with Amerigroup. Pump will be delivered upon notice baby has been born. If baby is already born, pump will be fulfilled once form received and information validated.

The member will receive the breast pump below:



Ameda <Finesse™ Ultra> Breast Pump

Complete with a dual hygienikit® milk collection kit without BPA (includes two 36-inch tubes, tubing adapter/pump connector, two adapter caps, two silicone diaphragms, two pump bodies with standard size breast shields with custom fit breast flanges, reducing inserts, four white valves and two 4-ounce polypropylene bottles with tops), AC power adapter and built-in battery pack, <Dottie> tote (a versatile shoulder bag), Cool 'N Carry tote (insulated carry bag, four additional 4-ounce bottles with lock-tight lids, three cooling elements and milk storage guidelines card), two-pack sample of no-show premium disposable nursing pads, and a two-pack sample of Store 'N Pour milk storage bags; two-year warranty.

Additional no-cost member benefits (applicable only to members receiving Ameda brand breast pumps):

- Online library of breastfeeding tips and videos (Visit <https://insured.amedadirect.com> for more information.)
- Lactation support professionals online and a dedicated call center
- Regular communication from Ameda Direct with tips for success with breastfeeding

I, the undersigned, certify that the noted prescribed item(s) is/are medically necessary for this patient's well-being. The patient's medical record contains information that supports medical necessity for the item(s) prescribed.

In my opinion, the item(s) being prescribed is/are reasonable and necessary with reference to accepted standards of medical practice in treatment of this patient's condition and has/have not been prescribed as convenience item(s).

Ordering provider (first and last):	NPI number (if applicable):
Provider signature:	Today's date: