Tidewater Lactation Group, Inc
5741 Cleveland St. Suite 150
Virginia Beach, VA 23462
757-422-5502 (ph) 757-455-8055 (fax)
tidewaterlactationgroup.com
pumps@twlgmail.com

Tricare Milk Storage Bags & Valves Order Form

Patient Information: **All Fields Required**

Name (Mother): _____ Mothers Date of Birth: _____

Street: _____ City/State/Zip: _____

Phone: _____ Baby's Date of Birth: _____

Sponsors Name: _____ Benefit Number: _____
Located on the back of your card ***(NOT THE DOD NUMBER)***

Relationship to Sponsor: _____ Email Address: _____

☐ **Checking this box confirms that I (the patient) DO NOT have other health insurance**

I understand that by submitting this form and my prescription, that I am authorizing Tidewater Lactation Group to submit a claim to Tricare on my behalf and that my prescription should be filed for records only and not used again. If the claim is denied, the payment and any co-pay will be my responsibility. The information collected in this contract is nonpublic personal information and will only be used in accordance with this contract.

Sign Here _____

For Office Use ONLY:

Milk Storage Bags (90 ct) ☐

Pump Valves (1 Pair) ☐

STOP **DO NOT SIGN UNTIL PICK UP**

Date of Service: _____

Signature for Pick Up: _____ Claim Number: _____

Date of Pick Up: _____ Processed: _____