3 Month Milk Storage Bags Reorder Program

I understand that by submitting this form, I am authorizing Tidewater Lactation Group to submit three (3) consecutive claims contingent on eligibility to Tricare on my behalf. If any of these claims are denied, the payment will be my responsibility. It is my responsibility to pick up my supplies each month based on my eligibility. I can also view my claims on Humana's Self Service portal. The information collected in this contract is nonpublic personal information and will only be used in accordance with this contract. It is my responsibility to notify Tidewater Lactation Group, Inc if any of my personal information changes, including eligibility or other insurance. Requests to disenroll from this program must be made in writing. Claims are subject to change based on Tricare allowances, quantities, and policies.

Patient Information: **All Fields Required**

Name on Script: ______________________________ Mothers Date of Birth: ________________________________

Street: ______________________________________ City/State/Zip: _______________________________________

Phone: ______________________________________ Baby's Date of Birth: _________________________________

Relationship to sponsor: ________________________ Benefit Number: _____________________________________

(Self or Spouse) *Located on the back of your card* ***(NOT THE DOD NUMBER)***

Email Address: ____

I certify that all information I have entered onto this contract is accurate and truthful.

Sign Here ____

For Office Use ONLY:

DOS __________________

Bags __________________ **PICK UP:** Initial ____________ Date _____________

DOS __________________

Bags __________________ **PICK UP:** Initial ____________ Date _____________

DOS __________________

Bags __________________ **PICK UP:** Initial ____________ Date _____________

At this time you may request milk storage bags and replacement valves for your purchase pump by filling out a separate order form.

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