Tidewater Lactation Group, Inc
Email to- pumps@twlgmail.com
tidewaterlactationgroup.com

Medicaid Breast Pump Order Form Contract

Patient Information: **All Fields Required**	ICD-10 Z39.1 Code E0603, E0602 NU

Name on Script: _____   Mothers Date of Birth: _____

Street: _____   City/State/Zip: _____

Phone: _____   Baby Date of Birth or Due Date: _____

Medicaid #: _____   Email Address: _____

☐ **Checking this box confirms that I (the patient) <u>DO NOT</u> have other health insurance or MCO**

I certify that all information I have entered onto this contract is accurate and truthful. I understand that by submitting this form and my prescription, that I am authorizing Tidewater Lactation Group to submit a breast pump (E0603/E0602) claim to Medicaid (**Fee for service**) on my behalf and that my prescription should be filed for records only and <u>not used again</u>. If the claim is denied, the payment and/or any co-payment 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 _____

#1 Select Your Electric Pump: #2 Select your Manual Pump:

☐ Zomee Z2- Portable and lightweight, with a micro USB charging cable. Adjustable Massage, Expression, and 2-Phase modes on a back lit LCD screen

☐ Ardo Alysssa- Connects to an app to track and control the Alyssa breast pump. Rechargeable battery with a type C charging cable. The first pump to offer automatic power pumping to mimic baby's cluster feeding!

☐ Ardo Amaryll

☐ Ardo Melia Wearable- Swiss designed, no tubing or cords, each cup holds 6oz. Features an innovative massage mode that stimulates your breasts to release oxytocin. Built-in memory, timer, and let-down mode. With suction and cycle settings that can be independently adjusted

☐ Cimilre P1- Powerful technology in a compact, minimalist design and a rechargeable battery, With intuitive touch controls and a backlit LCD screen, you can adjust the suction levels in both Massage and Expression Modes for optimal comfort and milk flow

☐ Zerlar

🛑 **This is your Receipt Form:**
DO NOT SIGN UNTIL PICK UP

Signature for Pick Up: _____

Date Picked Up: _____

For Office Use ONLY

Date of Service: _____

Claim Number: _____

Processed: _____