



Electric, Nonhospital Grade Breast Pump Request Form (in place of prescription)
 Medline Industries, Inc. (Medline) is an independent company providing breast pumps for Healthy Blue® members on behalf of Blue Cross® and Blue Shield® of North Carolina.

Ways to submit your completed form: **1) via email:** motherandbaby@medline.com **2) fax** to 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's born):
Member's Healthy Blue ID (mother)*:	Estimated due date*:
Member's DOB (mother)*:	Member's Healthy Blue ID (infant):
Member's phone number*:	Member's name (infant):
Member's shipping address*:	
City*, State*:	ZIP code*:
Member's email:	


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

Requirements: Mom and baby must be Healthy Blue members. 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™ Pump

- Dual HygieniKit® 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 as well as CustomFit™ flanges and reducing insert
- Four white valves and two 4-ounce polypropylene bottles with tops
- AC power adapter and built-in battery pack



Additional member benefits (applicable only to members receiving breast pumps from Medline):

- Online library of breastfeeding tips and videos (Visit <https://breastpumpsmedline.com> for more information.)
- Lactation support professionals online and a dedicated call center
- Regular communication with tips for success with breastfeeding if the member signs up

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

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