

## **Electric, Nonhospital Grade Breast Pump Request Form**

Use the following form in place of a prescription for Anthem HealthKeepers Plus members. Please note that members have the option of selecting another type/model of pump. The model below is suggested/recommended but is not the sole option for the member.

Submit your completed form via email to <a href="mailto:pumpprescriptions@edgepark.com">pumpprescriptions@edgepark.com</a> or fax to <b>330-963-6172</b> .	
<b>Please complete all patient information below or attach face sheet containing the demographic information.</b> * Denotes a required field.	
Member's name (mother):*	Infant's birthdate (if baby has been born):*
Member's Anthem HealthKeepers Plus ID (mother):*	Estimated due date:*
Member's DOB (mother):*	Infant's Anthem HealthKeepers Plus ID (infant):
Member's phone number:*	Member's name (infant):
Member's shipping address:*	
City, State:*	ZIP code:*
Member's email:	
<b>Request: electric breast pump (nonhospital grade), ICD-10: Z39.1</b>	
<b>Requirements:</b> Mom and baby must be Anthem HealthKeepers Plus members. Pump may be delivered up to 30 days before delivery or upon notice baby has been born. If baby is already born, pump will be fulfilled once this form is received and information validated.	

<https://mediproviders.anthem.com/va>

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**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 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 indicated 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 names):	NPI number:
Provider signature:	Today's date: