



Melons and Cuties

DME Breast Pump Provider & Lactation Support Products
909 8TH Street #401, Wichita Falls TX 76301

Written Order for Breast Pump

A double electric breast pump was requested by the patient below. If you agree with this order, please sign and date this form and fax it back to us. Melons and Cuties will provide your patient with a high quality electric breast pump as chosen by the patient.

Please confirm that the following information is accurate. (Make any corrections that are needed.)

PRESCRIBER: _____

PHONE: _____

NPI: _____

PATIENTS NAME: _____

DUE DATE: _____

PATIENTS DOB: _____

GESTATIONAL WEEKS: _____

STREET ADDRESS: _____

CITY, ST, & ZIP: _____

PATIENT TELE #: _____

PRIMARY INSURANCE: _____

POLICY #: _____

PATIENT DIAGNOSIS: Z391, Z349, Z3482, Z3483

EQUIPMENT: **E0603 - ELECTRIC BREAST PUMP**
Also, all applicable supplies:
A4281, A4282, A4283, A4284, A4285, A4286 & A9999 (Milk Storage Bags, Tricare only)

LENGTH of NEED: 99 Months

Sign and date the bottom line.

*If patient has a state Medicaid administered health insurance plan, please have a Medicaid credentialed provider sign the order.

1) **Prescriber Signature**

2) **Date**
I certify that the above named patient requires the use of the items that are listed above.

Confidentiality/HIPAA Notice: The information contained in this facsimile message is privileged and confidential information intended for the use of the individual or entity named above. IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT SENDER AND IMMEDIATELY DESTROY FAXED MATERIALS. If you do not want to receive faxes from Melons and Cuties please call (940)220-8002 or FAX (940)263-1539 and provide: your name, name of company, your fax number(s), and indicate you do not wish to receive faxes from Melons and Cuties. We will process your request within 30 days.