

Melons and Cuties

DME Breast Pump Provider & Lactation Support Products
719 Scott Street Ste.104, Wichita Falls TX 76301

INSURANCE COVERED BREASTPUMP FORM

PATIENT

Patient: _____

Email: _____ Phone: _____

Patient DOB: _____ Due Date/Baby DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

PRESCRIBER

Primary Insurance: _____ Phone: _____

Policy number: _____ Group Number: _____

Prescriber's Name: _____ NPI Number: _____

Practice/ Office Name: _____

Phone: _____ Fax: _____

☒ E0603 Electric Breast Pump and Accessories (A4281, A4282, A4283, A4284, A4285, A4286, A9901)

Diagnosis:

☒ Z39.1

Length of Need: 99 (purchase)

Melons and Cuties offers a variety of breast pump brands by leading manufacturers. Upon receipt of this form and insurance verification, a customer service specialist will contact the patient to discuss coverage and breast pump options.

RX NOTES

**Physician's Signature: _____ Date: _____

FAX THIS PRESCRIPTION TO:
1-940-263-1539
Melons and Cuties