

Date:

Fax this completed form to **1-855-558-0488**.

**Member information**

Mother's name:

Mother's birth date:

Member ID:

Baby's estimated due date:

Baby's birth date:

Gestational age:

Weight (grams or lb. oz.):

Mother's phone number:

Alternate phone number and contact name if not the mother:

Member's email address:

Mother's address:

Deliver pump to this address:

**Provider information**

Ordering provider's name:

Ordering provider's NPI:

Ordering provider's signature:

Ordering provider's phone number:

## Breast Pump Authorization Form

<b>Select pump type</b>	
<input type="checkbox"/> <b>Manual</b>  <hr/> Specific brand/product requested.	This is the basic equipment for a breast-feeding mom to maintain adequate breast milk. It can meet the needs of a mom separated from her baby for short and irregular intervals.
<input type="checkbox"/> <b>Basic double-sided, single-phase electric pump</b>  <hr/> Specific brand/product requested.	This equipment is designed to meet the breast-feeding needs of a mom whose baby is detained in the hospital for two to four weeks: <ul style="list-style-type: none"> <li>• Who is separated from her baby regularly due to work or school.</li> <li>• Whose baby may be briefly and temporarily detained in the hospital with:                             <ul style="list-style-type: none"> <li>– Jaundice (neonatal or physiologic).</li> <li>– Receiving antibiotics.</li> </ul> </li> <li>• With a clinically significant breast engorgement.</li> <li>• With a breast abscess.</li> <li>• With mastitis.</li> <li>• With retracted or inverted nipples.</li> <li>• Whose nipples are cracked or have fissures.</li> </ul>
<input type="checkbox"/> <b>Neonatal intensive care unit (NICU)-level double-sided/double-phase electric pump</b>  <hr/> Specific brand/product requested.	This equipment is designed to meet the breast-feeding needs of a mom whose baby is expected to be in the hospital for more than four weeks: <ul style="list-style-type: none"> <li>• Who has cardiac anomalies or whose baby has cardiac anomalies.</li> <li>• Who has a multiple birth.</li> <li>• Whose baby is detained in the NICU.</li> <li>• Who gave birth prematurely at 32 weeks or less.</li> <li>• Who has a chronic or serious neonatal anomaly or condition.</li> </ul>
<input type="checkbox"/> <b>Preferred vendor for breast pump</b>	

If you have questions about whether a patient qualifies for a breast pump, please call the Bright Start program at **1-833-669-7672**.