

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

Select pump type	
<input type="checkbox"/> Manual <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"/> Basic double-sided, single-phase electric pump <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"> • Who is separated from her baby regularly due to work or school. • Whose baby may be briefly and temporarily detained in the hospital with: <ul style="list-style-type: none"> – Jaundice (neonatal or physiologic). – Receiving antibiotics. • With a clinically significant breast engorgement. • With a breast abscess. • With mastitis. • With retracted or inverted nipples. • Whose nipples are cracked or have fissures.
<input type="checkbox"/> Neonatal intensive care unit (NICU)-level double-sided/double-phase electric pump <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"> • Who has cardiac anomalies or whose baby has cardiac anomalies. • Who has a multiple birth. • Whose baby is detained in the NICU. • Who gave birth prematurely at 32 weeks or less. • Who has a chronic or serious neonatal anomaly or condition.
<input type="checkbox"/> Preferred vendor for breast pump	

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