

Electric Breast Pump Request Form

The completed form must be submitted to Humana Healthy Horizons® in Louisiana along with the claim for review.

SECTION I: Patient identifying information

Please print all recipient information below. *Denotes a required field

Member's name (mother):*	Gestational age:*
Member's (mother) date of birth:	
Member's Medicaid ID (mother):*	Member's phone number:*
Member's residential address:*	
City, State:*	ZIP code:

SECTION II: Breastfeeding education attestation and prescription

I attest as the prescribing provider for patient, _____, that on _____, the patient was educated on breastfeeding. This education included but was not limited to the benefits of breastfeeding, the requirements for successful breastfeeding, as well as, addressing the patient's questions about breastfeeding an infant. The patient has verbally confirmed to me her intent to breastfeed following the birth of the infant.

The below supplies will be medically necessary to assist this patient with breastfeeding an infant and, therefore, are being prescribed as indicated below:

Double electric breast pump

Breast milk storage bags

Breast pump supplies

Provider signature:	Date:
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SECTION III: Patient's attestation

By signing this form, I attest that I have not received a breast pump from the Office of Public Health (OPH) WIC program for the pregnancy referenced above. I understand that getting a breast pump from both the OPH WIC program and the Medicaid Durable Medical Equipment program would be a duplication of services.

Patient signature:	Date:
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Humana Healthy Horizons® in Louisiana

Humana Healthy Horizons in Louisiana is a Medicaid Product of Humana Health Benefit Plan of Louisiana, Inc.

Electric Breast Pump Request Checklist

SECTION I

- Enter the mother's full name, Medicaid identification number, the baby's gestational age, phone number and residential address.

SECTION II

- Enter the patient's name and the date that breastfeeding education was conducted on the blanks provided.
- Place a check next to the supplies prescribed by the provider and have the provider sign and date.

SECTION III

The patient must read the attestation regarding duplication of Medicaid services. After reading the attestation, the patient must sign and date the form before receipt of the double breast pump.

NOTE: If a breast pump has already been provided through the WIC program, the patient is not eligible for another breast pump and, therefore, must not sign the attestation section.

This form should be given to the provider to accompany the claim for retrospective review.