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BREASTPUMPS@NORTHERNPHARMACY.COM

# NP NORTHERN PHARMACY & Medical Equipment

**REGISTER EARLY TO RECEIVE YOUR BREAST PUMP AFTER DELIVERY WITH OUR EASY ONE-STEP PROCESS  
PRESCRIPTION FORM – ELECTRIC BREAST PUMPS**

## PATIENT INFORMATION

\* Name (First & Last): \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
*\*Email Address will be used for communication purposes only. We will not share your information with any third parties.*

## INSURANCE INFORMATION (PLEASE SEND A COPY OF THE FRONT AND BACK OF THE PATIENT'S INSURANCE CARD(S))

\* Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_  
Member ID: \_\_\_\_\_ Member ID: \_\_\_\_\_  
Group Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Policy Holder: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Policy Holder Date of Birth: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_  
MA# (MAMCO Patients): \_\_\_\_\_ MA# (MAMCO Patients): \_\_\_\_\_

## ITEM(S) PRESCRIBED (PLEASE SPECIFY BRAND PREFERRED BY LACTATION NURSE. MAY BE SUBSTITUED BASED ON INSURANCE COVERAGE)

E0603 Standard Electric Breast pump (Purchase)  
 Ameda Mya Joy     Medela Pump in Style Advanced     Spectra S2  
 Ameda Mya Joy \*or equivalent (covered by Medicaid)  
 Additional Flange Sizes:  
 28.5mm     30.5mm  
 32.5mm     36.0mm

E0604\* Ameda Elite Hospital Grade Electric Breast Pump (Rental)  
 \*Only covered while the baby is in the NICU. Estimated length of NICU stay:  \_\_\_ months     unknown

Replacement Refills: Double Electric Breast Pump Kit (99 refills)  
 includes: A4281 (tubing), A4282 (adapter), A4283 (cap for bottle), A4284 (shield & splash protector), A4285 (polycarbonate bottle), A4286 (locking ring)

Accessories (not covered by insurance):

Upgrade for Ameda \$50 - Includes: Tote Bag, Cooler with Ice Packs, 4 Bottles and Lids, Nursing Pads, and Milk Storage Bags  
 Upgrade for Medela \$75 - Includes: Tote Bag, Battery Pack, Insulated Cooler Bag & Ice Pack, and 2 Extra Bottles & Lids  
 Upgrade for Spectra \$50 - Includes: Tote Bag, Cooler Kit (2 Bottles and Lids, Gel Ice Pack, and Pink Insulated Bag)

## APPLICABLE DIAGNOSES (CHECK ALL THAT APPLY)

Z39.1 Breast-Feeding Mother (Date of Delivery: \_\_\_/\_\_\_/\_\_\_)  
 060.12x1 Premature Delivery (14-28 weeks)     060.14x1 Premature Delivery (28-37 weeks)  
 060.12x1 + 060.12x2 Premature Delivery of Twins (14-28 weeks)     060.14x1 + 060.14x2 Premature Delivery of Twins (28-37 weeks)  
 091.03 Infection of Nipple(s)     091.13 Abscess of Breast(s)     091.23 Nonpurulent Mastitis  
 092.03 Retraction of Nipple(s)     092.13 Cracked Nipple(s)     092.5 Suppressed Lactation  
 Other (please specify ICD-10 and description) \_\_\_\_\_

## PRESCRIBING PHYSICIAN INFORMATION

Name (First & Last): Dominique Allen NPI: 1508973223  
 Address: 6569 N. Charles St PPW Suite 501 City/State/Zip: Towson, MD 21204  
 Phone: (410) 938-8960 Fax: (410) 583-9770