

PRESCRIPTION (cut on dotted line)



Fair Oaks Women's Health
625 S Fair Oaks Ave, Suite 255, Pasadena, CA, 91105
tel (626) 304-2626 fax (626) 585-0695

- | | | | |
|--|----------------|---------------------|----------------|
| <input checked="" type="checkbox"/> Bryan S. Jick, MD, FACOG | DEA AJ 3233171 | CA License G 55140 | NPI 1720051436 |
| <input type="checkbox"/> Della J. Fong, MD, FACOG | DEA BF 4726038 | CA License G 79210 | NPI 1700813359 |
| <input type="checkbox"/> Michael S. Mitri, MD, FACOG | DEA FM 3740241 | CA License A 124527 | NPI 1730314063 |
| <input type="checkbox"/> Joanna Y. Woo, DO, FACOG | DEA FW 5868130 | CA license 20A14172 | NPI 1205190675 |
| <input type="checkbox"/> Kim H. Bui, MD, Ob/Gyn | DEA FB 7645332 | CA license A 168848 | NPI 1164871133 |

PATIENT NAME _____ DATE _____
ADDRESS _____ DOB _____



ELECTRIC BREAST PUMP

PHYSICIAN SIGNATURE Byram J REFILLS _____

To OB Patients,

You may be eligible for a free breast pump. The preventive care provision of the Affordable Care Act (ACA or health care reform law) states that health plans must cover one breast pump per pregnancy with no cost sharing. Please contact a breast pump provider to make sure they work with your insurance plan.

Breast Pump Providers:

Edgepark Pharmacy
<https://pages.email.edgepark.com/bp/eligibility/form/>
800-321-0591

Byram Healthcare
<https://breastpumps.byramhealthcare.com/>
877-902-9726

Aeroflow Healthcare
<https://aeroflowbreastpumps.com/qualify-through-insurance>
888-345-1780

PRESCRIPTION (cut on dotted line)



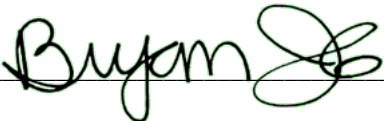
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PATIENT NAME _____ DATE _____
ADDRESS _____ DOB _____



HYGEIA ELECTRIC BREAST PUMP

PHYSICIAN SIGNATURE  REFILLS _____

To OB Patients,

You may be eligible for a free breast pump. The preventive care provision of the Affordable Care Act (ACA or health care reform law) states that health plans must cover one breast pump per pregnancy with no cost sharing.

This prescription is for a Hygeia hospital-grade breast pump. This is a highly regarded model and it is cordless and rechargeable.

HYGEIA

Telephone: 855-786-7296

Fax: 888-901-8878

Web: www.momsgetmore.com

Email: becky@momsgetmore.com

Moms Get More

Prescription for Breast Pump & Supplies



(Tote and pump style may vary)

Please **fax** completed form to
(888) 901-8878

or **email** the form to
becky@momsgetmore.com

PATIENT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: **CA** ZIP: _____

Phone Number: _____ Email: _____

Mother's Date of Birth: _____ Baby's Due Date or DOB: _____

PATIENT INSURANCE INFORMATION

Insurance Plan Name: _____

Member ID: _____ Policy Group ID: _____

ITEMS ORDERED

- E0603 Double Electric Breast Pump
- A4281 Tubing for Breast Pump
- A4282 Adapter for Breast Pump
- A4283 Cap for Breast Pump Bottle
- A4284 Breast Shield and Splash Protector for Use with Breast Pump
- A4285 Bottle for Use with Breast Pump
- A4286 Locking Ring for Breast Pump

MEDICAL NECESSITY: Research shows breast-fed infants have a lower risk of diarrhea and otitis media than bottle-fed infants during the first year of life. For premature infants, breast milk helps prevent infections, speeds recovery from respiratory distress syndrome, increases weight gain, protects against retinopathy, and facilitates cognitive and visual development.

PHYSICIAN OFFICE USE ONLY

Physician/Nurse Practitioner/Physician Assistant Name: Bryan S. Jick, MD, FACOG

NPI: 1720051436 Phone: (626) 304-2626

Diagnosis: Z39.1 Breastfeeding/Lactating Mother Mother Returning to Work/School

Other: _____

Physician Attention: I certify that I am the physician identified on this form. I have reviewed the Written Confirmation of Order contained herein.

Physician / NP / PA Signature Bryan S. Jick

Date _____