



1751 Second Avenue, NY, NY 10128 | NPI 1346590973, TAX ID
263876331 PHONE: 855-879-8669, FAX: 855-291-5930

BREAST PUMP PRESCRIPTION REQUEST

Yummy Mummy has recently received a request to provide or has already provided one of your patients with a **E0603-Standard Double Electric Breast Pump** to assist her with breastfeeding. In order to process her insurance claim for this item, we have asked your patient to request that her OBGYN complete the information below (or the patient has authorized us to contact you for the information). **Please return this signed form with your printed name and NPI.** Thank you for your assistance.

■ FAX (855-291-5930)

■ or SECURE DOCUMENT UPLOAD AT YUMMYMUMMYSTORE.COM/DOCUMENTUPLOAD

Name of Mother: _____

Mother DOB: _____ Baby DOB/Due Date: _____

Gestational age: _____ ICD-10 code: _____

*Date of Service/Beginning Date: _____

Physician Name: _____

Signature: _____ NPI: _____

SOME SAMPLE ICD-10 CODES

Postpartum care and examination (Z39.1)
Other disorders of breast associated with pregnancy (O92.29)
Other disorders of lactation (O92.79)
Supervision of normal pregnancy (Z34.93)
Abscess of breast associated with the puerperium (O91.22)
Supervision of high-risk pregnancy (O09.93)

Failure to thrive (R62.51)
Retracted nipple(s) (O92.03)
Cracked nipple(s) (O92.13)
Suppressed lactation (O92.5)

Other ICD-10 code _____