



Yummy Mummy, LLC, PHONE: 855-879-8669, FAX: 855-291-5930 - FID

URGENT

Information for Patient's Breast Pump is needed for Prior Authorization. Please note that in addition to this signed form, a separate Rx is also required.

Patient Name: _____ Baby DOB/Due: ____/____/____

Per Fidelis, insurance patient is ONLY eligible for coverage of an electric breast pump if:

1. The baby is in the NICU/ presents a feeding problem
 - If this box is checked off please fax patient's letter of medical necessity with diagnosis codes to 855-291-5930.

2. The mother is returning to **WORK** or **SCHOOL**
 - If this box is checked off the questions below **MUST** be filled out in order for an approval from the insurance to be obtained.

Baby's DOB: ____/____/____ Mother's tentative date of return to work/school: ____/____/____

Tentative hours per week mother will be away from child due to work/ school: ____ hours per

AUTHORIZATION

Signature: _____

Date: _____

Please return this form and the separate signed Rx with your printed name and NPI by fax or upload.

■ FAX (855-291-5930)

■ or SECURE DOCUMENT UPLOAD AT YUMMYMUMMystore.com/documentupload