Healthy Baby Essentials Breast Pump Order Form

Breast pumps are now usually covered with no copay or deductible. As a result, Healthy Baby Essentials is working together with RI Women & Infants Hospital DISCHARGE to provide you with a new pump. To reserve your breast pump for pick-up, please fill out the form below and email a pic to referrals@breastpumps.com or fax to 508-404-1761. For further assistance or help choosing a pump, you can call us at 888-495-7491. For more options that can be shipped to your home, you can order online at Breastpumps.com.

Mother's Information (all fields required):

Full Name:_____ Mother's DOB:_____ Baby's Birth Date:_____

Street:_____ Apt #:_____ City/State:_____

Zip: _____ Phone:_____E-mail:_____

Insurance Type and ID# (If you do not see your insurance, check "Other" and we will contact you):

- ☐ Blue Cross
- ☐ BMC
- ☐ Harvard Pilgrim
- ☐ Medicaid of _____ (State)
- ☐ Allways
- ☐ Fallon Wellforce
- ☐ Aetna
- ☐ Tufts
- ☐ Neighborhood Health Plan of RI
- ☐ Cigna
- ☐ United
- ☐ Other:_____

Insurance ID#:_____

You are covered for one pump per birth from below based on your insurance, or one pump per 36 months with Aetna. If you order additional pumps you will be billed:

Spectra S2 ☐

Medela PNS 5077 ☐

I request that payment of authorized insurance and other benefits be made on my behalf to Healthy Baby Essentials (HBE) for the products and services that they have provided for me. I authorize HBE to bill by insurance company for the equipment listed above and I agree to pay any copays or other charges not covered by my insurance. HBE will notify me prior to shipping of any listed copays. If, for any reason, my insurer denies the claims through no fault of HBE, I will be billed, and will pay HBE, for this pump. I further authorize a copy of this agreement to be used in place of the original and authorize any holder of medical information about me to release to HBE any information needed to determine these benefits or compliance with current healthcare standards including HIPAA. By signing below I acknowledge I have read and understand this notice. HBE is not the specific manufacturer of the breast pump options herein and therefore is not liable for the unanticipated malfunction of any pump. If, in the unlikely instance a breast pump does not function for its intended use for any reason, you can contact the manufacturer of your chosen pump and request a replacement pursuant to the specific warrant of that pump, as applicable.

Mother's signature:_____ Date:_____

OBGYN's information:

(Your Dr. will be contacted for a prescription using the information provided below)

Physician's Name:_____

Clinic/Hospital Name:_____ Clinic Phone #:_____