

Electric Breast Pump Request Form

The completed form must be submitted to Gainwell Technologies or the Healthy Louisiana Plan along with the claim for retrospective review.

SECTION I: Patient Identifying Information

Please print all recipient information below.

***Denotes a required field**

Member's name (mother):*	Gestational Age:*
Member's Medicaid ID (mother):*	Member's phone number:*
Member's residential address:*	
City, State:*	ZIP code:

Section II Breastfeeding Education Attestation and Prescription

I attest as the prescribing physician for patient, _____, that on _____, the patient was educated on breastfeeding. This education included but was not limited to the benefits of breastfeeding, the requirements for successful breastfeeding, as well as, addressing the patient's questions about breastfeeding an infant. The patient has verbally confirmed to me her intent to breastfeed following the birth of the infant.

The below supplies will be medically necessary to assist this patient with breastfeeding an infant and, therefore, are being prescribed as indicated below:

- Double Electric Breast pump
- Breast Milk Storage Bags
- Breast Pump Supplies

Physician's Signature: _____ Date: _____

Section III Patient's Attestation

By signing this form, I attest that I have not received a breast pump from the Office of Public Health (OPH) WIC program for the pregnancy referenced above. I understand that getting a breast pump from both the OPH WIC program and the Medicaid Durable Medical Equipment program would be a duplication of services.

Patient's Signature: _____

Date: _____



**LOUISIANA DEPARTMENT OF
HEALTH MEDICAID
PROGRAM**

Electric Breast Pump Request Form Checklist

SECTION I

- Enter the mother's full name, Medicaid identification number, the gestational age of the fetus, phone number, and residential address.

SECTION II

- Enter the patient's name and the date that breastfeeding education was conducted on the blanks provided.
- Place a check next to the supplies prescribed by the physician and have the physician sign and date.

SECTION III

The patient must read the attestation regarding duplication of Medicaid services. After reading the attestation, the patient must sign and date the form before receipt of the double breast pump.

NOTE: If a breast pump has already been provided through the WIC program, the patient is not eligible for another breast pump and, therefore, must not sign the attestation section.

This form should be given to the provider to accompany the claim for retrospective review.