

The prescriber must complete this form and give it to the patient to follow the steps outlined below.

Aeroflow Breastpumps offers a wide selection of breast pumps and accessories from top manufacturers, along with high-quality pregnancy support, postpartum recovery products and pregnancy and breastfeeding classes. Once the patient submits the qualify through insurance form and insurance verification is completed, we will email the patient to review the next steps.

## Patient Instructions

1. Follow this QR code to fill out the qualify through insurance form.
2. Shop for your insurance eligible items once approved.
3. Upload a photo of this prescription while placing your order.



Patient Name:

Patient DOB:

Patient Phone:

Due Date / Baby DOB:

Patient Email:

Prescriber Name:

NPI Number:

**E0603 Electric Breast Pump & Accessories**

A4281 (2), A4282 (2), A4283 (2), A4284 (2), A4285 (2),  
A4286 (2), A9900 (400), A4287 (400)

Diagnosis: Z39.1 - Length of Need: 99 Months

**E0604 Rental Hospital Grade Electric Breast Pump & Accessories**

A4281 (2), A4282 (2), A4283 (2), A4284 (2), A4285 (2), A4286 (2),  
A9900 (400), A4287 (400)

Diagnosis (Medical Necessity & Supporting Documentation Required):  
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This prescription can only be processed if the appropriate product(s) and corresponding diagnosis code(s) are selected.  
Please provide **clinical notes supporting the diagnosis** for any of the **pregnancy support or postpartum recovery** items listed below.

**Sacroiliac Support**

Length of Need: 99 Months

Please select diagnosis

M54.59 Low Back Pain  
 M54.30 Sciatic Pain  
 M54.89 Back Pain

**Gradient Compression Socks, Below Knee, 20-30 mmHg**

Length of Need: 99 Months

Please select diagnosis

R60.9 Edema

**Lactation Education**

**Virtual classes and appointments**

Topics covering breastfeeding, birth and prenatal, mental health, babycare and postpartum

Physician Signature:

Date: