Motherhood Through Insurance

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

7

Patient Name:
Phone:

Prescriber Name:

NPI Number:

Patient DOB:

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 (Purchase)

E0604 Rental Hospital Grade Electric Breast Pump & Accessories

Due Date / Baby DOB:

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

Diagnosis (Medical Necessity & Supporting Documentation Required):

Sacroiliac Support Length of Need: 99 (Purchase)

Please select diagnosis

M54.30

M54.89

M54.59 Low Back Pain

Sciatic Pain

Back Pain

Gradient Compression Socks, Below Knee, 20-30 mmHg Length of Need: 99 (Purchase)

Please select diagnosis

R60.9 Edema

Postpartum Recovery Support

Length of Need: 99 (Purchase

Please select diagnosis

R10.2 Pelvic & Perineal PainO90.1 Episiotomy / Perineal Tear

186.3 Vulvar VaricosityO99.893 Pelvic Girdle Pain

O99.893 Post-Op Pain

M54.89 Back Pain

O90.0 C-Section Wound

M62.00 Rectus Diastasis

M54.30 Sciatic Pain

C-Section Wound Dressing

Length of Need: 99 (Purchase)

Diagnosis: 090.0

Disruption of cesarean delivery wound

Lactation Education

Virtual classes and appointments

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

Physician Signature:

Date: