

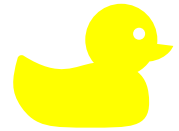
Patient Section

Name: _____ DOB: _____

Address: _____ Phone: _____

City: _____ ST: _____ Zip Code: _____

Insurance: _____ ID #: _____



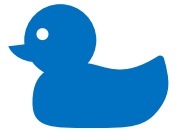
Physician Section

Physician Name: _____ NPI: _____

Clinic Name: _____ Phone: _____

Address: _____

City: _____ ST: _____ Zip Code: _____



- E0603 Electric Breast Pump, AC/DC Any Type
- Breast Pump Parts and Accessories

Diagnosis Code

- Z39.1 Encounter for care and examination of lactating mother
- Other (Please Specify with ICD10) _____



Physician Signature: _____ Date: _____

Patient Signature: _____ Date: _____



Brands We Carry



Rumble Tuff®



Serial Number: _____

Please complete the **Patient Section**(with the mother's information) and the **Physician Section** of this form. Have both the mother and physician sign and date. Then **Fax** this form and related demographics to the provided fax number. A customer service representative will contact the mother to discuss pump options and answer any other questions that she may have about the process.

If your pump or accessories malfunction, please call the manufacture to troubleshoot or replace the unit.



We are located at:

953 Main ST Suite 108

Nashville TN, 37206

P:615-262-1123

F:615-262-1202



Questions for Your Insurance Company.

When you call your insurance provider, below are the questions to ask in order to make sure you receive the proper pump covered by your plan.

- Does my policy cover the purchase of a breast pump for a nursing mother?
- What contracted medical supply companies can provide me with a breast pump? (Confirm Cutter Cares is in network with your plan, if we are not then they should tell you who is)
- Are there limitations on what types of pumps they cover – [manual vs. electric](#)?
- What is the value limitation – i.e., what is the maximum cost they will cover? (If they say at 100% and do not give you a specific amount, we can help you choose a pump in a price range for you)
- Do they cover other related supplies and accessories? Additional [milk bottles](#), flanges, replacement tubing, etc..?

Cutter Cares does supply replacement parts for some of our breast pumps. Buying options are available for the accessories and related supplies.



What to Do Next

- Make sure both you and your doctor have completed the form and the doctor has signed the breast pump form OR you have a prescription from your doctor. (the patient information needs to be the mothers **UNLESS** there is something wrong with the baby and that's why the mother is needing the breast pump.)
- If you have a commercial insurance (anything other than TennCare Select, TennCare Bluecare, TennCare Amerigroup, or Tricare) Please call and make sure they will cover an **Electric Breast Pump** AND that Cutter Cares is an in-network provider for your plan.

Please refer to our “What Should I ask my Insurance?” if you need to know what to ask when you call your insurance.

- Have your doctor fax us the filled-out **Breast Pump Form** along with a demographics sheet with your information on it. Once it has been faxed please give Cutter Cares 24hrs to contact you about your breast pump options and any other conditions that may apply to you. If Cutter Cares does not contact you within 24hrs please give us a call at 1-877-262-1123 or 1-615-262-1123.

Please note, shipping charges may apply to some orders. The customer service representative will discuss this with you if needed as well as your payment options.