

STORKPUMP

Breast Pump Order Form



(844) 993-3740
 (267) 443-6019
 orders@storkpump.com
 www.storkpump.com

1 Mother's Information

Mother's Name: _____ Mother's Date of Birth: _____
 Street Address: _____
 City, State, Zip: _____ Due Date: _____
 Phone: _____ Email: _____
 Insurance Company: _____ Insurance ID: _____

Deliver to Home
 Gave Pump on Consignment
 Other: _____

If You Received a Pump on Consignment:

Sign: _____ Date: _____

You, the patient, are responsible for any copayments and deductibles that may be applied by your insurance plan. Our Customer Service Representative will advise you as to which breast pump your plan covers. If you wish to order a breast pump with additional features or accessories, you can apply your insurance plan's allowable amount toward the purchase of an upgraded pump.

Assignment of insurance benefits and release of information: I hereby authorize my public and/or private insurance company or funding resource responsible for paying for my care, if applicable, to pay AdaptHealth directly for any products and services provided to me by AdaptHealth. I also authorize AdaptHealth to request all public and/or private insurance benefits for products and services that may be provided to me by AdaptHealth. I hereby authorize AdaptHealth to release my medical records to any person, organization, company, and/or agency that is or may be (1) involved in providing care for me, or (2) liable for any portion of the payment for such products and services.

2 Breast Pump Selection

If you are undecided and would like a breast pump specialist to discuss your options with you, please check here:

Double Electric Breast Pump (E0603)



Ameda® Finesse Double Electric Breast Pump



Spectra® S2Plus Double Electric Breast Pump



Spectra® 9Plus Double Electric Breast Pump



Zomee® Double Electric Breast Pump

Apply Your Insurance Allowable Toward an Upgraded Pump:



\$60
Upgrade
Fee



Spectra® S2Plus Premier Bundle



\$50
Upgrade
Fee



Ameda® Finesse Double Electric Breast Pump with Dottie Tote



\$99
Upgrade
Fee



Spectra® S1Plus with Tote Double Electric Breast Pump



\$75
Upgrade
Fee



Medela Pump in Style® Advanced with On-the-Go Tote

3 Physician's Information

Physician's Office/Hospital: _____

Physician's Name: _____ NPI#: _____

Diagnosis Code: Z39.1 092.79 Other _____

Physician's Signature: _____ Date: _____