



FACILITY/PROVIDER Breast Pump Request Form



Contact STL Medical Supply

Phone: 855-855-8484 – Fax: 877-219-6077 – Email: BreastPump@stlmedical.com

Hours of operation: M-F 8:30am-5:30pm CST

NOTE: Referrals placed outside normal business hours will be processed the next business day.

Member Information (please enter the address where the breast pump will be delivered):

*Delivering to: <input type="checkbox"/> Home <i>or</i> <input type="checkbox"/> Facility	
*Mother's Name: _____	*Baby Date of Birth: _____
*LHC Member ID: _____	*Mother Date of Birth: _____
*Medicaid #: _____	
*Shipping Address: _____	
Unit/Dept.: _____	
*City: _____	*State: _____ *Zip: _____
*Main Contact Phone #: _____	Alt. Contact Name: _____
Alt. Contact Phone #: _____	Alt. Contact Relation: _____

Physician Information:

Referring Physician: _____	NPI (optional): _____
Physician Office Phone #: _____	Physician Fax #: _____

Breast Pump:

<input type="checkbox"/>	Medela Advanced Personal Double Pump This two phase, personal-use pump can be used for single and double pumping. • <u>PUMPS PROVIDED FOR NICU BABIES ONLY</u>
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Referral Submitted By:

*Referring Name: _____	*Referring Facility/Provider: _____
*Referring Contact Phone #: _____	Referring Email: _____