

# Breast Pump

## INSURANCE VERIFICATION FORM

Your health insurance may provide coverage for some select products.

Please complete this form, and we will do the work for you!

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Preferred Method of Contact

Phone  Email

DOB \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Please provide your due date: \_\_\_\_\_ *We can provide shipment 30 days prior to due date.*

**\*\*Please mark any of the products you are requesting.**

- Ameda Mya Joy Double Electric Breast Pump
- Ameda Mya Joy Double Electric Breast Pump With Large Tote
- Ameda Mya Joy Plus Base Unit
- Ameda Mya Joy Plus Deluxe With Tote, Coolers, Milk Bag
- Babybuddha Double Electric Breast Pump Kit
- Medela Freestyle Flex Breast Pump
- Medela Pump in Style Advanced Starter Set
- Medela Pump In Style With Maxflow Breast Pump
- Medela Pump In Style With Maxflow Technology Kit With Tote
- Medela Sonata Breast Pump With Personalfit Flex Breast Shields
- Medela Swing Maxi Double Electric Breast Pump
- Medela Symphony Pump - Hospital Grade
- Motif Medical Duo Double Electric Breast Pump
- Motif Medical Luna Breast Pump - Non-Battery
- Motif Medical Luna Breast Pump - Rechargeable Battery-Operated
- Motif Medical Postpartum Recovery Garment for C-Section and Natural Birth
- Motif Medical Postpartum Recovery Garment for Natural Birth
- Motif Medical Pregnancy Support Band
- Motif Medical Twist Breast Pump
- Spectra 9 Plus, Rechargeable Electric Breast Pump
- Spectra S1 Plus Electric Breast Pump Hospital Strength
- Spectra S2 Plus Electric Breast Pump Hospital Strength
- Spectra Synergy Gold Dual Adjustable Electric Breast Pump
- Spectra Synergy Gold Portable Breast Pump Double Adjustable Electric
- Unimom Minuet Double Electric Breast Pump
- Unimom Minuet LCD Double Electric Breast Pump
- Zomee Double Electric Breast Pump
- Zomee Z2 Breast Pump With Hands Free Cups
- Zomee Z2 Bundle With Tote And Cooler

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Healthcare Provider's First & Last Names \_\_\_\_\_

Healthcare Provider's Office Phone Number \_\_\_\_\_

Attach a Copy of your Current Prescription  I need to obtain my prescription

INSURANCE INFORMATION Policy Holder Name\* \_\_\_\_\_ DOB\* \_\_\_\_\_

Insurer\* \_\_\_\_\_

Member ID Number\* \_\_\_\_\_ Group Number\* \_\_\_\_\_

Additional Information \_\_\_\_\_

### ASSIGNMENT OF BENEFITS (AOB)/PATIENT AUTHORIZATION

I acknowledge receipt and understanding of Prism's notice of health information privacy practices which provides a description of how Prism may use and disclose my health information, patient rights & responsibilities, CMS standards, and important information notification. I give consent to Prism to use and disclose this information for the purposes of: Treatment, payment of authorized benefits on my behalf, health care operations, obtaining information from any health care provider for proper determination of benefits payable, and releasing to my insurance company necessary information for reimbursement for any product/service provided to me. I request payment of authorized Medicare or other payor benefits be made on my behalf to Prism for any services rendered by Prism. I agree and understand that I am responsible for any charges not covered by my insurance. I will notify Prism of any changes in my insurance coverage.

### NOTICE OF COMMUNICATION PRACTICES AND RELEASE REGARDING COMMUNICATIONS

By submitting this form, I give Prism or its authorized vendors or agents, permission to contact me or persons acting on my behalf by telephone, pre-recorded calls, text messages, calls generated by an automated telephone system or by fax, at any telephone number, including any wireless or cell phone number, that I or any healthcare provider making a referral for me to Prism provided to Prism. Contacts may include but are not limited to equipment, supplies, re-orders or renewal supplies, upgrades, optional equipment, or any information concerning treatment, payment or operations. I understand that I am not required to provide this consent to Prism in order to purchase goods or services from Prism. Please contact Customer Service at 800.845.5038 to limit customer contact.

I hereby authorize ONE by Prism to use my email address to send me periodic messages and helpful information about baby care; I may revoke this permission at any time.

I authorize ONE by Prism to contact me by email, phone or SMS. We will not share or distribute the information. By submitting this form, you confirm that you have not ordered another insurance-covered breast pump for this pregnancy.

### ORDER PROCESSING

Some insurance policies require a physician's prescription for a breast pump. If you have a copy of your breast pump prescription, please upload it now. If you do not have a prescription, one of our specialists will contact your doctor on your behalf, during our order verification process. In the event that your doctor does not respond in a timely manner, we may contact you for assistance. Depending upon your insurance coverage and eligibility, please allow 4 to 12 days for your order to be processed and 7 to 10 business days for your order to be shipped. Our insurance verification is never a guarantee of coverage; it is your responsibility to verify eligibility and coverage with your insurance plan. Not all insurance plans provide coverage for breast pump purchases. Your insurance plan may have guidelines on whether the covered pump is manual or electric and on when you may receive your pump.

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## INSURANCE LIMITS

You have not placed another insurance breast pump order within the time limit imposed by your insurance.

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## INSURANCE REQUIREMENTS

To process your order, we may need a prescription or other documents. We will contact you directly for any missing items.

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## PAYMENT OBLIGATION

I am fully aware I am taking on all obligation beyond my insurance payment for my electric breast pump code E0603. I have chosen to select a pump that is not fully covered by standard insurance (payment from insurance will be applied), and the remainder is my responsibility. I give up any right to dispute the remaining balance due, either with the provider or to the primary insurer of record.

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## ADDITIONAL DISCLAIMER

I request that payment of authorized insurance and other benefits be made on my behalf to Prism or its affiliates for the products and services that they have provided for me. I authorize Prism to bill my insurance company for the equipment listed above and I agree to pay any copays or other charges not covered by my insurance. Prism will notify me prior to shipping of any listed copays. If, for any reason, my insurer denies the claims through no fault of PRISM, I will be billed, and will pay PRISM, for this pump. I further authorize a copy of this agreement to be used in place of the original and authorize any holder of medical information about me to release to PRISM any information needed to determine these benefits or compliance with current healthcare standards including HIPAA. By signing below, I acknowledge I have read and understand this notice. PRISM is not the specific manufacturer of the breast pump options herein and therefore is not liable for the unanticipated malfunction of any pump. If, in the unlikely instance a breast pump does not function for its intended use for any reason, you can contact the manufacturer of your chosen pump and request a replacement pursuant to the specific warranty of that pump, as applicable.

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## UPGRADE INVOICE ACKNOWLEDGEMENT

I will not submit any invoice on my own behalf to my insurance company for any upgrade fee that has been paid.

I agree to the terms and conditions & I have read and understand my patient rights

By checking the above box, you also approve Prism to use a valid credit card to collect copay and or deductible amounts associated with your order. If you do not have a valid Credit Card on file, or if we require additional information to complete your order, a Prism representative will contact you.

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Customers may initiate communications with onebyprism.com resources using e-mail. If this situation occurs, onebyprism.com can assume (unless the customer has explicitly stated otherwise) that e-mail communications are acceptable to the individual. By contacting onebyprism.com you are acknowledging the possible risks of using unencrypted e-mail, or understand the concerns about potential liability.

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