

Electric, Nonhospital Grade Breast Pump Request Form

Ways to submit your completed form:
1. Email: inmedicaidbreastpump@anthem.com
2. Fax 855-841-5661
3. Call 833-621-3782

For assistance, call Indiana Medicaid for Anthem Blue Cross and Blue Shield at 833-621-3782

Please complete all information below or attach face sheet containing the demographic information.
*** Denotes a required field.**

Mother's name:*	Estimated or actual delivery date:
Medicaid ID:	Infant Medicaid ID (if available):
Mother's DOB:*	
Phone number:*	Infant's name (if baby is born):
Shipping address:*	
City,* State:*	ZIP code:*
Member's email:	

Request: electric breast pump (nonhospital grade), ICD-10: Z39.1

Requirements: Mother must be an Anthem Blue Cross and Blue Shield member enrolled in Hoosier Healthwise, Hoosier Care Connect or Healthy Indiana Plan (HIP). Pump will be delivered once eligibility and order have been verified.

The member will receive the breast pump below (check preferred pump):*	For support, breast feeding tips, or product related support, assistance and troubleshooting
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<input type="checkbox"/> Ameda® Mya™ Joy Double Electric Breast Pump <ul style="list-style-type: none"> AC Power Adapter Dual HygieniKit® Milk Collection System CustomFit™ Flanges (25 mm, 28.5 mm) (2) Extra Valves (for HygieniKit) Accessory Bag (for Parts) Instructions Insulated Carry All Tote Bag 	 Two year warranty Phone: 866-992-6332 www.ameda.com
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<input type="checkbox"/> Pump in Style® Breast Pump <ul style="list-style-type: none"> Power Cord/Battery Pack (2) 5 oz Bottles (2) Breast Shield Connectors (2) Valves and Membranes (1) 24 mm PersonalFit Breast Shield 	 One year warranty Phone: 800-435-8316 www.medelabreastfeedingUS.com
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www.anthem.com/inmedicaiddoc

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