

## Electric, Nonhospital Grade Breast Pump Request Form

## How to request a breast pump: 1. Email the information below to inmedicaidbreastpump@anthem.com 2. Call Member Services at 866-408-6131 (HIP/HHW); 844-284-1797 (HCC); TTY 711 3. Fax this form to 855-841-5661. Email required for all fax requests. Please complete all information below. \* Denotes a required field. Name\*: Estimated or actual delivery date\*: Medicaid ID\*: DOB\*: Phone number\*: Shipping address (we are unable to deliver to P.O. Boxes)\*: City, State\*: ZIP code\*: Member email\*: Office email/contact: Request: electric breast pump (nonhospital grade), ICD-10: Z39.1 **Requirements:** The parent must be an Anthem member enrolled in Hoosier Healthwise (HHW), Hoosier Care Connect (HCC), or Healthy Indiana Plan (HIP). The pump will be shipped to you 30 days prior to your estimated delivery date indicated above, or within 48 hours if your baby has already been delivered. The member will receive the breast pump below For support, breastfeeding tips, or (check preferred pump)\*: product-related support, assistance, and troubleshooting: **Spectra Breast Pump Spectra** • (2) 24 mm and (2) 28 mm breast flanges Troubleshooting, warranty, and returns • 12v AC power adapter Email: warranty@spectrababyusa.com Phone: 855-405-0993, ext. 1 Fax: 954-337-3215 Spectrababyusa.com Medela Medela Pump in Style® Breast Pump One-year warranty • (2) 24 mm PersonalFit breast shield Phone: 800-435-8316 Power cord/battery pack medelabreastfeedinaUS.com

**Note:** If your preferred style is not available, we will send you the other option that is available.

Questions? Call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

Hoosier Healthwise or Healthy Indiana Plan: 866-408-6131 (TTY 711)

Hoosier Care Connect: **844-284-1797 (TTY 711)** 

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