



Fax 215-942-0130

Jay Ann Intimates

1954 County Line Road
Huntingdon Valley, PA 19006
Phone 215-942-0120

Breast Pump Intake Form

Order Date: _____

Name of Mother*: _____ DOB: _____ Due Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Primary Insurer: _____ Insurance #: _____

Secondary Insurer: _____ Insurance #: _____

E-Mail : _____

- Dr.: _____ NPI: _____
- Phone: _____ Fax: _____

ELECTRIC BREAST PUMP

- Individual Standard Electric Breast Pump E0603
- Breast Pump Accessory Kit
 - Tubing for breast pump (A4281), Cap for breast pump (A4283), Breast shield and splash protector (A4284), Polycarbonate bottle for use with breast pump (A4285), Locking ring for breast pump (A4286).

I understand Jay Ann Intimates is providing these item(s) as recommended by my physician. I further understand a quote of benefits from my insurance company, or other 3rd party that I represent, is not a guarantee of payment and that I am responsible for any amount above what my insurance covers, as well as any deductible or co-pay my insurance requires. I understand I bear full financial responsibility for any amount my insurance company does not pay and authorize you to bill my credit card for any balance owed one my claim has been settled.

Card _____ Number _____

Exp Date _____ Code _____

Client Signature _____

Date _____

FOR OFFICE USE ONLY

SO#

Date of Service:

Date Billed:

Date Payment Rec'd:

Insurance Co:

EFT/Check #:

Amount:

Cross Over:

Supp Check Date:

Amount:

Write Off:

Member Res:

CMF Signature _____ Date _____