



FOR STAFF USE ONLY : LINCOLN OMAHA

Acct _____ Filed _____

**Private Insurance & Nebraska Medicaid Managed Care
Personal Use Pump Agreement**

1-8. MUST be completed for all clients.

Clients with Nebraska Medicaid *only* must complete 1-10.

Clients with Private insurance must complete 1-8 and 11-15.

Insurance info on file & still current*

___ AAB Class ___ Prenatal ___ Consultation *If so, complete 1-8

1. Mother's Last Name		2. Mother's First Name		3. Address	
				City	State
				Zip	
4. Phone Number		5. Mother's DOB		Email Address:	
6. Baby's Last Name		7. Baby's First Name		8. Baby's Gender ___M ___F ___Unknown	
				<input type="checkbox"/> Due Date/EDD OR <input type="checkbox"/> Date of Birth _____	
9. If Nebraska Medicaid: ___United Healthcare Community Plan ___NE Total Care ___WellCare of NE ___Pending (baby)			10. If Nebraska Medicaid, full number (11-digits): Birth Reported to Medicaid ___Y ___N		
11. If Private Insurance – name of primary insurance plan			12. Policy Holder's Employer		
13. Policy Holder's Relationship to Mother (self, spouse, etc.) <input type="checkbox"/> Check if policy holder is mother (if checked, no need to complete 14, 15)			14. Policy Holder's First & Last Name		15. Policy Holder's DOB

Client Agreement: MilkWorks will file directly with your insurance plan (private and/or Nebraska Medicaid) for a personal use breast pump. **if you have verified that your coverage provides this benefit, that you are eligible for a pump and that MilkWorks is listed as a provider for your insurance. We cannot guarantee that your plan will cover a Personal Use Pump (PUP).** A PUP is yours to keep. It may not be returned. Please note the items you receive are purchased items and are billed to your insurance as a purchase by MilkWorks. If you have more than one type of insurance, we are required to file with your primary plan first. If you have private insurance AND Nebraska Medicaid, your private insurance is always primary. **Nebraska Medicaid Specific:** Medicaid only pays for services they would normally cover if your private plan does not cover that service. All Managed Care plans require an order that has been signed by a physician.

I understand that by receiving this pump, I am authorizing MilkWorks to file directly with my insurance plan(s) and that I have not received another PUP during this pregnancy or with this baby. **If some, or all, of the fee is not covered, or if payment is reimbursed directly to me, I understand and agree to pay MilkWorks for the item(s) obtained. If I am covered under a Nebraska Medicaid Managed Care plan, I agree that I am either after delivery or no more than 30 days before my expected delivery date.

Date Pump Obtained _____

Is mother younger than 19 years of age: No Yes *If yes, this contract must be signed by a Legal Guardian*

Name of Legal Guardian (please print) _____

Signature of mother, spouse or Legal Guardian _____

STAFF USE ONLY: 1) Agreement 2) Receipt 3) Prescription 4) Insurance Card(s) 5) NMES print out (if applicable)

PUP breast pump model _____

Receipt attached? ___ Yes

Rx attached? ___ Yes **Ins Cards attached?** ___ Yes

NMES attached? ___ Yes ___ n/a (private insurance only)

Freestyle Upcharge Required? ___ Yes ___ No

Initials of BE _____

Name of Provider on order (FIRST/LAST) _____

Omaha only *: NPI # _____ License # _____ *Not needed for BCBS plans