

**5 Easy Ways to Submit**

- **UPLOAD** on [www.nurturingexpressions.com](http://www.nurturingexpressions.com)
- **EMAIL** your form to [breastpumps@nurturingexpressions.com](mailto:breastpumps@nurturingexpressions.com)
- **TEXT** to 206-763-2733
- **FAX** your form to 206-763-2122
- **BRING** your form to any of our locations

**PATIENT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Insurance ID#: \_\_\_\_\_

Due Date: \_\_\_\_\_

**BREAST PUMP**

- DX:** ☐ Z39.1 Care/Examination of Lactating Mother
- ☐ Z34.00 Supervision of Normal First Pregnancy
- ☐ Z34.80 or Z34.90 Supervision of Normal Second (or more)  
Pregnancy
- ☐ R63.3 Feeding Difficulties
- ☐ O92.29 Engorgement
- ☐ Other: \_\_\_\_\_ ICD9: \_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

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