



Sometimes you just need. A little Nature's Assist.



Patient Information\*

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Insurance Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Baby Delivery-Date or Due-Date: \_\_\_\_\_ Hospital/Birth Center: \_\_\_\_\_

### Nature's Assist Order Form

**Breast Pump (HCPC Code) \*Required**  
Please select one or more codes for order

**Add Replacement Kit**  
Replacement kits are generally covered under insurance.

- E0602: Manual Breast Pump
- E0603: Electric Breast Pump
- E0604: Hospital Grade Breast Pump (Rental Only)

- A4281,A4282,A4283,A4284,A4285,A4286 Replacement Kit/As Needed
- A4287 Milk Storage Bags/As Needed

**Per Insurance, please select or add a ICD-10 (diagnosis Code) \*Required**


- Z39.1 - Encounter for Care and Exam Lactation
- O9203 - Retracted Nipple Associated with Lactation

- O927 - Other and Unspecified disorder of Lactation
- Other - \_\_\_\_\_

**Provider Name (Print)\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_


**Provider Signature\*** \_\_\_\_\_ **NPI\*** \_\_\_\_\_

**\*Provider, you may use Nature's Assist Order Form to complete the script and fax to 918-576-6053.  
You are not obligated to use Nature's Assists, LLC order form nor are you obligated to use Nature's Assist, LLC for the patients breast pump order.  
Please mark which code(s) you are prescribing and and the diagnosis code(s). Must include HCPC, ICD-10, Signature, and NPI.**

 918-576-6442

 naturesassist3@gmail.com

 www.pumpluv.com

 761 W New Orleans St, Suite 2  
Broken Arrow, OK. 74011

