

Healthy Babies Inc.
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(847) 583 0499 / Fax (847) 583 0535
Email: healthybabiesinc@yahoo.com
www.healthybabiesinc.com / www.healthybabieshappyfamilies.com

Breastpump Request Covered by Health Insurance

Submit the form along with a copy of insurance card and photo ID

Date: _____

Last Name _____ First _____ Birth Date _____

Infant's Birth Date / Due Date: _____ M / F

Full Home Address: _____

Phone #: _____ Cell / Home e-mail: _____

Referred By: _____ Phone # _____

Insurance Plan: _____ ID# _____ Group# _____

Policy Holder: _____ Birth date: _____ Relationship _____

Type of Pump Requested:

- ☐ Personal Double Electric Pump to keep
- ☐ Hospital-grade pump to rent and return after use: ☐ Medela Symphony ☐ Ameda Platinum

Type of personal pump chosen: ☐ Medela Pump in Style Advanced ☐ Spectra S2 ☐ Spectra 9 ☐ Ameda Mya

Method of delivery: ☐ Shipping via USPS ☐ Picking up from the Office

☐ I authorize Healthy Babies Inc to bill my insurance for the cost of the pump and a service charge

☐ I understand that I am responsible to pay the cost of the pump / pump rental if my insurance denies the payment for any reason. It is the responsibility of the customer to clarify with insurance any denial of payments.

Signature _____

Date _____