## Get Your Free Maternity Medical Supplies Delivered Right to Your Door!

Simply fill out the prescription form below, and we'll handle the rest—delivering the essential supplies you need at no cost to you.

Thanks to the **Affordable Care Act** (also known as **ObamaCare**), health insurance plans are required to support breastfeeding, so nearly all insurance providers cover Breast Pumps and Maternity Medical Supplies. As a valued patient, you're eligible for additional benefits, including hospital-grade **Breast Pumps** and top-quality **Maternity Medical Supplies**.

If you have questions about insurance approval, the supplies offered, or our process, please reach out to us at: Phone: 888-311-0666 Email: INFO@GHMSRX.COM

Fill out the application form below, and we'll verify your eligibility with your insurance provider and contact you as soon as possible.



**Patient Information** 

## **Maternity Prescription Form**

Prescription for Medical Supplies



Name		Phone	one									
Address					City			State		Zij	ρ	
Date of Birth		Age	Heigh	nt	Weight			Due Dat	е			
Insurance In	formation											
INSURANCE INF	□нмо											
Primary Insurai	nce				Secondary Insurance							
ID#		Group #			Phone			Date Ca	Date Card Issued			
Medical Cor	ndition & Diagn	osis: ICD-10 Info	rmation									
Lower Ab. Po	iin (R10.30)	☐ Vulval Varices (186.3) ☐ Lo			actation (Z39.1) Preterm D			Delivery (O60.10X0)				
☐ Varicose Vei	ns LE Bilateral (183	5.93) CTS-RT (G56.01)			astitis (N61.0) Engorger			ement (092.29)				
Lower Back I	Pain (M54.5)	☐ Edema (R60.9)		СТ	S-LT (G56.0	LT (G56.02) Other						
Maternity Supplies PLEASE PROVIDE MEDICAL RECORDS WITH PRESCRIPTION												
Lumbar Sup	port, Style 1	Lumbar Support, Style :			☐ Maternity Compression Stoo				☐ V2 Sup	porter		
Pre-Pregnancy	Dress Size	Pre-Pregnancy Dress Size			Thigh (Inch)				4			
					Calf (Inch)							
110	7				Ankle (Inch)							
					] Thigh Hig	high High						
					] Knee High							
Doctor Initial	Qty	Doctor Initial	Qty	Dc	octor Initia	I	Qty		Doctor Ini	tial	Qty	
Postpartum Supplies Please provide medical records with prescription												
Motif-Twist Double Electric Breast Pump		Abdominal Support			Compression Stockings			Cock-Up Wrist Splin				
00-					Thigh (Inch)			all				
mo						Thi	gh (Inch)			de		
(n)	tif seed began relativistic to tage (ii)					Ca	If (Inch)					
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motif a	ent begreinbesteb ster	☐ Post-Surgical			] Pantyhos	Ca Anl	If (Inch)					
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Doctor Initial	Qty	Pendulous Sup Waist Circumfere Doctor Initial	oport ence Qty		Thigh Hig Knee Higl	Ca Anl se h h	If (Inch) kle (Inch) Qty		Doctor Ini	tial	Qty	
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## **FAX PRESCRIPTION & MEDICAL RECORDS TO 888-611-0666**

717 Lakefield Road, Suite D, Westlake Village, CA 91361 | Phone: 888-311-0666 | Fax: 888-611-0666 | ghmsrx.com

