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

Simply fill out the prescription form, 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 or alternatively via 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.

GHMS
General Home Medical Supply, Inc.

Maternity Prescription Form

Prescription for Medical Supplies

Scan me!

Patient Information

Name **Phone**

Address **City** **State** **Zip**

Date of Birth **Age** **Height** **Weight** **Due Date**

Insurance Information

INSURANCE INFORMATION ☐ Medi-Cal HMO ☐ PPO

Primary Insurance **Secondary Insurance**

ID # **Group #** **Phone** **Date Card Issued**

Medical Condition & Diagnosis: ICD-10 Information

- ☐ Lower Back Pain (M54.5) / Obesity Unspecified (E66.9)
- ☐ Spinal Instabilities-Lumbar (M53.2X6)
- ☐ Sciatica, unspecified side (M54.30)
- ☐ Lumbar Radioculopathy (M54.16)
- ☐ Lower Ab.Pain (R10.30)
- ☐ Vericose Veins LE Bilateral (I83.93)
- ☐ Edema (R60.9)
- ☐ Lower Back Pain (M54.5)
- ☐ Engorgement (O92.29)
- ☐ Preterm Delivery (O60.10X0)
- ☐ Lacation (Z39.1)
- ☐ Mastitis (N61.0)
- ☐ CTS-RT (G56.01)
- ☐ CTS-LT (G56.02)
- ☐ Other

Maternity Supplies — PLEASE PROVIDE MEDICAL RECORDS WITH PRESCRIPTION

☐ AppleMom Lumbar Support

Pre-Pregnancy Dress Size

Doctor Initial Qty

☐ Lumbar Support, Style 2

Pre-Pregnancy Dress Size

Doctor Initial Qty

☐ Lumbar Support, Style 1

Pre-Pregnancy Dress Size

Doctor Initial Qty

☐ RBS Lumbar Support

Pre-Pregnancy Dress Size

Doctor Initial Qty

☐ V2 Supporter

Doctor Initial Qty

Postpartum Supplies — PLEASE PROVIDE MEDICAL RECORDS WITH PRESCRIPTION

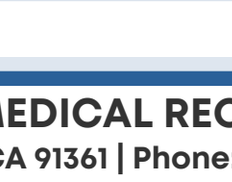
☐ Handsfree Electric Breast Pump + Resupply

Doctor Initial Qty

☐ Double Electric Breast Pump + Resupply

Doctor Initial Qty

☐ Abdominal Support

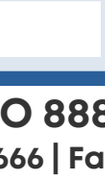


☐ Post-Surgical Suppor
☐ Pendulous Support

Waist Circumference

Doctor Initial Qty

☐ Compression Stockings



Thigh (Inch)

Calf (Inch)

Ankle (Inch)

☐ Pantyhose
☐ Thigh High
☐ Knee High

Doctor Initial Qty

☐ Cock-Up Wrist Splint

Wrist Circumference

Doctor Initial Qty

PRESCRIBER'S INFORMATION

I have reviewed my patient's medical records and prescribed the above supplies. I verify that I have physically examines the patient and established that the patient has the medical condition and diagnosis indicated I have determined that these products are medically necessary for my patient's current medical condition. I authorize the prescribed items and will maintain a copy of this prescription in the patient medical records to meet Medi-Cal documentation requirements.

Prescriber' Name				NPI	
Address				License	
City		State		Zip	Rep
Phone		Fax		Contact Name	
Prescriber' Signature				Date	

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

SUBMIT

Please use PDF viewer to submit the form