

Breast Pump Reimbursement Request Form

Please note, this form does not guarantee reimbursement. Reimbursement subject to SmartHealth limitations and benefit policies.

This form must be submitted by December 31st of the plan year to be considered for reimbursement. Please attach an itemized bill or receipt to this form.

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| Member Name: | Member ID#: |
| Contact Phone Number: () | Address: |
| Patient Name: | Patient ID#: |

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| Provider Name: | |
| Provider Tax Identification Number: | |
| Contact Phone Number: () | Address: |

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| Breast Pump Purchase <i>(Manual or non-hospital grade breast pumps are covered as a purchase item)</i> | | |
| <input type="checkbox"/> Manual Breast Pump (E0602) | Purchase Price: | Purchase Date: |
| <input type="checkbox"/> Electric Breast Pump (E0603) | Purchase Price: | Purchase Date: |
| Description Purchased Pump: | | |

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| Breast Pump Rental <i>(Manual, non-hospital grade & hospital-grade breast pumps are covered as a rental item)</i> | | |
| <input type="checkbox"/> Manual Breast Pump (E0602-RR) | Rental Price: | Rental Dates: |
| <input type="checkbox"/> Electric Breast Pump (E0603-RR) | Rental Price: | Rental Dates: |
| <input type="checkbox"/> Electric Breast Pump (E0604 - RR) | Rental Price: | Rental Dates: |
| Description Rental Pump: | | |

Please return this form to Automated Benefit Services (ABS):

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| <i>Mail or Fax Completed Form to:</i> ABS for SmartHealth PO Box 37705, Oak Park, MI 48237-7705 Fax: (586) 693 4346 | <i>If you have questions, please call:</i> (888) 492 6811 |
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