



### **New Mothers Breast Pump Benefit Form**

Blue Cross and Blue Shield of Montana (BCBSMT) may reimburse any participating new mother the cost for the purchase of one breast pump per pregnancy.

Contact a BCBSMT Customer Service Representative at 1.800.447.7828 to be sure your particular plan offers this benefit.

**Instructions:**

1. Purchase the non-hospital grade breast pump of your choice. (Retain the UPC code of the product and receipt).
2. Complete all fields below and attach the receipt.
3. Sign and date the form. Make a copy for your records.
4. Mail the completed form and receipt to:

Blue Cross and Blue Shield of Montana  
 P.O. Box 7982  
 Helena, MT 59604

<b>Health Plan ID</b> (as it appears on your ID Card)	<b>Member Name</b>	<b>Medical Provider Name</b>
<b>Due or Delivery Date</b>	<b>Location Purchased</b>	<b>Purchase Date</b>
<b>Pump Make/Model</b>	<b>Pump UPC Code</b>	<b>Pump Price</b>

I certify that this breast pump is for the personal use of the member listed above. I understand that BCBSMT reserves the right to audit this request within 12 months of the submission. I will maintain a copy of the purchase receipt and request.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

**Internal Use Only**

POS: 11      Procedure Code: E0603      Modifier: NU      Diagnosis Code: V24.1  
 Provider Name: Lactation Benefit      Provider ID: OMT0310691