



Maternity Order Form Instructions

1. Download and print order form
2. Complete Expectant/New Mother's Information Section
3. Have your maternity provider complete the Prescription Section
4. Fax to 866-615-6082 or upload to acelleron.com/maternityupload

Please scroll down to page 2 to find your printable order form

IMPORTANT! MassHealth Standard, Community Care Coop (ACO), and Steward Health Choice (ACO) patients must have a **separate prescription** on doctor's letterhead/script pad per MassHealth guidelines. Please add **E0603 breast pump and 120 K1005 bags/mo.** for breastmilk storage bags with an **ICD10 DX code**.



Maternal Health Products Order

Fax to 866-615-6082 or upload by scanning QR code or acelleron.com/maternityupload

EXPECTANT/NEW MOTHER'S INFORMATION SECTION

Last name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mom DOB: _____ Baby Due Date/DOB: _____ Mobile Phone: _____ - _____ - _____

Email: _____ Preferred Language (circle or add): English/Spanish/ _____

Primary Insurance: _____ Member ID #: _____

Secondary Insurance: _____ Member ID #: _____

How did you hear about us (OBGYN, midwife, WIC, friend, etc.)?: _____

Emergency Contact Name: _____ Phone: _____ - _____ - _____ Relationship: _____

Customer Agreement and Sales Policies

- I understand and agree that my order and information I provide is subject to the Terms of Service (acelleron.com/termservice/), terms of sales (acelleron.com/terms/), privacy policy (acelleron.com/privacy/), and also acknowledge the HIPAA notice (acelleron.com/hipaa/).
- I agree to receive emails from Acelleron as described in the Privacy Policy (acelleron.com/privacy/).
- You authorize Acelleron to request that your medical insurance carrier, Medicaid or Medicare make direct payment to Acelleron for products covered by your policy.
- If your insurance carrier does not make payment in full for any reason whatsoever, you agree to pay Acelleron the usual and customary amount for the product(s) ordered.
- You agree that Acelleron may contact you in the future via text, telephone, email or regular mail. Message rates may apply to texts and cell phone usage. Some messages may be pre-recorded or automated.
- You are responsible for updating Acelleron with any changes to your insurance or demographics, that may have occurred since your order was placed.
- Upgrade Policy: If eligible through your insurance and you have been offered a "basic" or "standard" equipment model, but decide to purchase a "deluxe" model, you will be responsible for paying Acelleron the difference between the price of the deluxe model and the reimbursement rate of the standard or basic model.
- You certify that you have been provided and have reviewed the Customer Service Hours of Availability, Instructions for Set-Up of Durable Medical Equipment, Safety Precautions, Emergency or Natural Disaster Information, Customer Complaint Policy, Customer Bill of Rights & Responsibilities, and DME Supplier Standards and Resources.
- You acknowledge that you have been trained and/or will be trained on the use, cleaning and maintenance of all products you receive from Acelleron. Please also refer to and follow the manufacturer's product manuals and guidelines, and visit acelleron.com/knowledge for training videos.
- An owners' manual with manufacturer's warranty information has been or will be provided to you for all durable medical equipment. Manufacturer's provide a minimum 1-year warranty on all breast pumps.
- For a translation of these terms and conditions in other languages please visit our website at acelleron.com/multilingual-terms

Expectant/New Mother's
Signature (Required):

Date (Required):

PRESCRIPTION SECTION

Facility Name: _____ Phone #: _____ Required Fields

Address: _____ City: _____ State: _____ Zip: _____

SELECT EQUIPMENT/PRODUCTS BY SELECTING OR ENTERING A DIAGNOSIS (DX).

PUMPING EQUIPMENT

Double electric breast pump (1) E0603, Milk storage bags/mo. - (120) K1005, Replacement adapter, shields, tubing, bottles, and valves/mo. - (2) A4281, (1) A4282, (6) A4283, A4285, A4286, (2) A4284, (2) A9900/A9999

Frequency and qty may differ based on insurance/Medicaid plan's coverage and guidelines.

DX & USAGE

→ Breastfeeding/lactating mother (Z39.1), Other - ICD10 _____ (takes precedence) | USAGE = 99/Purchase

SOCKS

2 pairs of 20-30mmHg Compression Socks (A6530), **Alternative quantity:** _____ (takes precedence)

DX

→ Edema (R60.9) Varicose veins, lower extremity in pregnancy (O22.0), Other ICD10 _____ (takes precedence)

SIZE (Ankle/Calf)

→ Small - 6.5-8.5"/11-16.5" Medium - 8-10"/12-17.5" Large 9-11.5"/13-19" XL - 11-15"/17-23"

COLOR & USAGE

→ White, grey, green White, grey, pink Black, green | USAGE = 99/Purchase

PREGNANCY BAND

Sacroiliac support belt/brace (L0621)

DX

→ Back pain (M54.50) Sciatic Pain (M54.30) Other dorsalgia (M54.89), Other- ICD10 _____ (takes precedence)

SIZE & USAGE

→ Pre-pregnancy pants size = 00-0 2-4 6-12 14-18 20-26 | USAGE = 99/Purchase

BP MONITOR

Automatic Blood Pressure Monitor (A4670)

DX

→ Gestational hypertension (O13.9) Elevated bp reading, w/o dx of hypertension (R03.0)

CT Medicaid Only DX - Pregnancy state, incidental (Z33.1), Other - ICD10 _____ (takes precedence)

SIZE & USAGE

→ Upper arm CIRC 8.7-14.1 in. Upper arm CIRC 14.2-18.9 in.

Upper arm CIRC 19-20.5 in. >20.5" = wrist monitor | USAGE = 99/Purchase

Prescriber Name

(e.g. MD/CNM/CPM/NP): _____ Prescriber NPI#: _____

Signature:

Stamped Signature Not Acceptable

Date: