Order Form for Mail In or Fax Orders for the Lactation Visit Receipt Packet (LVR Packet)

The LVR packet is INTENDED for use by IBCLCs, doctors, nurse practitioners, nurses,
or other health care providers including hospitals. Orders to lay persons will not be filled.

For $45.00* (plus $5.00 for shipping and handling for a total of $50.00), you will receive a PHOTO READY copy of the Lactation Visit Receipt (the LVR is alactation superbill) with your customized header. Several other forms necessary for a private practice lactation consultant or hospital based lactation outpatient department are included in the packet. Your photo ready copies can then be taken to a printer such as Office Depot, Office Max or Staples for printing (the LVR is recommended to be printed in triplicate). You can have as many or as few copies printed as you wish.

**Recent price increase due to some revisions to the LVR packet which includes NEW code S9443 and HIPAA Privacy Practices. Also, all forms other than LVR will NOW be placed on a floppy disk and added to your packet for ease of changes or customizing to suit your business needs.*

NOTE : Before ordering the LRV, you may want to obtain an Employee ID Number (EIN) http://www.irs.gov/businesses/small/article/0,,id=98350,00.html **sometimes referred to as a Federal ID Number if you do not already have one.** Healthcare insurance plans require EINs to process claims http://aspe.hhs.gov/admnsimp/faqemp.htm **. You may apply online for an EIN at https://sa1.www4.irs.gov/sa_vign/newFormSS4.do**

If you have questions, please DO NOT phone me, please e-mail me

Please list your LVR HEADER HERE (four lines, line four should always be your EIN or Tax ID number):

Line # 1 _____

Line # 2 _____

Line # 3 _____

Line # 4 _____

Line $ 5 **Tax ID #**_____

Example: #1 **Lactation Services**
#2 **Jane Smith, RN, BA, IBCLC**
#3 **Registered Nurse – Board Certified Lactation Consultant**
#4 **240 Rock Lake Road, Midtown, OH 25516 – Phone 902-344-6868**
#5 **Tax ID # 59-2889097**

Please send check or credit card information for $50.00 (includes shipping and handling).
Please include sale tax if in the state of Florida for only the $45.00.

Fax 407-215-0402 or Mail to:
Pat Lindsey, IBCLC
1851 Old River Trail
Chuluota, FL 32766 **E-mail: PatIBCLC@aol.com or pat@patlc.com**

PRINT Name:_____

FULL mailing address to send packet to:_____

_____

E-mail address (if I need to contact you for clarification)_____

VISA, MASTER CARD, or DISCOVERY CARD number:_____

Expiration Date_____ **3 digit # on back of charge card**_____**AMOUNT TO CHARGE**_____

Signature for credit card_____

(Allow 2 - 3 weeks for delivery)