



Pat Lindsey, IBCLC - Lactation Services
Registered, Board Certified Lactation Consultant
210 Lookout Place, Maitland, FL 32751
1-888-PER-BABY www.patlc.com
NPI # 123456789 TAX ID # 20-9999999

© 2002 Pat Lindsey, IBCLC rev 05/2007

PATIENT INFORMATION						
PATIENT'S LAST NAME		FIRST	INITIAL	PT'S BIRTHDATE	PATIENT: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO SUBSCRIBER
ADDRESS		CITY	STATE	ZIP	REFERRING PHYSICIAN	
PHONE ()		SUBSCRIBER		INSURANCE CARRIER		
ADDRESS - IF DIFFERENT		CITY	STATE	ZIP	INS. ID	COVERAGE CODE GROUP
<input type="checkbox"/> LACTATION <input type="checkbox"/> ACCIDENT <input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> ILLNESS <input type="checkbox"/> PREGNANCY	DATE SYMPTOMS APPEARED:		OTHER HEALTH COVERAGE? YES <input type="checkbox"/> NO <input type="checkbox"/> IDENTIFY:		
ASSIGNMENT. I hereby assign my insurance benefits to be paid directly to the undersigned health care provider. I am financially responsible for non-covered services.				RELEASE: I authorize the undersigned health care provider to release any information acquired in the course of my examination or treatment.		
SIGNED: (Insured or Authorized Person)				Date:	SIGNED: (Insured or Authorized Person)	

NEW	ESTAB	OFFICE VISIT	FEE	SUPPLIES	CPT MOD	FEE
30min	15min	Hx Evaluation and Management		BREAST PUMPS		
45min	25min	Hx Evaluation and Management		Breast Pump Collection Kit Lactina - Symphony - Elite		
60min	40min	Hx Evaluation and Management		Pump In Style Advanced - Freestyle		
NEW	ESTAB	HOME VISIT	FEE	Purely Yours Basic - Carry All - Backpack		
30min	25min	Hx Evaluation and Management		Nurture III with case - w/out case		
45min	40min	Hx Evaluation and Management		Mini-Electric - Swing		
60min	60min	Hx Evaluation and Management		Hand Pump Medela-Harmony - Ameda-OneHand - Avent-Isi		
75min	75min	Hx Evaluation and Management		Other Pump		
NEW	ESTAB	HOSPITAL VISIT	FEE	SUPPLEMENTAL NURSING SYSTEM Starter - Regular		
30min	15min	Hx Evaluation and Management		NIPPLE SHIELDS Size:		
50min	25min	Hx Evaluation and Management		BREAST SHIELDS used with electric breast pump: Size		
70min	35min	Hx Evaluation and Management		HYDRO GEL PADS		
NEW	ESTAB	TELEPHONE CONSULT	FEE	BOOKS/PAMPHLETS		
		Brief		Haberman feeder for cleft lip/palate		
		Intermediate		OTHER Feeding Supplies		
		Lengthy/complex				
NEW	ESTAB	CONSULT PHYSICIAN REFERRED	FEE	ELECTRIC HOSPITAL GRADE PUMP RENTAL		
40min	15min	Hx Evaluation and Management		Equipment Serial Number		
60min	25min	Hx Evaluation and Management		Rented Date	Return Date	
80min	40min	Hx Evaluation and Management		# days @ \$	# months @ \$	
NEW	ESTAB	HBA VISIT	UNITS FEE	Delivery / Extra Cleaning Charge on Rental Pump		
		15 min. Face-to-Face		Baby Weigh Scale Rental - Serial #	# days @ \$	
Lactation Class S9444-Parenting Class S9452-Nutrition Cla				TOTAL SUPPLIES AND/OR RENTAL		
TRAVEL # Miles @				SALES TAX IF NO PRESCRIPTION		

LACTATION DX ICD 9 CM CODES CHILD BREASTFEEDING PROBLEM Abnormal Weight Loss Dehydration Newborn Failure to Gain Weight Newborn Feeding Problem (<28 days) Breast Refusal Latch-on Difficulties Regurgitation of food Slow feeding Other Vomiting (>28 days) Infant Feeding Problem (>28 days) Breast Refusal Latch-on Difficulties Mismanagement of feeding Other Polyphagia-Overeating Under weight Rapid weight gain SUCKING PROBLEMS 796.1 Reflex Abnormal (Infant Suck)	JAUNDICE (V12.3) Newborn-Physiologic Newborn-Premature Breastmilk Jaundice ABNORMAL FUSSINESS/COLIC Colic Excessive Crying of Infant Sleep Disturbances Infant DERMATITIS/INFECTION Diaper Rash Due to Food Eczema or Atopic Dermatitis Thrush-Newborn Thrush in mouth-Infant OTHER Ankyloglossia/TongueTie GEReflux-NonInflam(V12.70) GEReflux-Inflam(V12.70) Macroglossia(V12.40) Microglossia(V12.40) Teething Syndrome	CHILD DIAGNOSIS PRIMARY DX _____ SECONDARY DX _____ SECONDARY DX _____ SECONDARY DX _____ MOTHER NIPPLE/AREOLA PROBLEM Cracked/Fissured Dermatitis Contact Retracted Nipple Inversion of Nipple Nipple Thrush BREAST PROBLEM Breast Pain Dermatitis Contact Galactocele Hypoplasia of Breast Mass (es) / Lump (s) MILK SUPPLY Agalactia (Failure of Lactation) Galactorrhea Unspecific Disorder of Lactation Suppressed/Reduced Milk Supply	ENGORGEMENT, BREAST Associated with childbirth Postpartum Moderate/Severe MASTITIS Breast-Abscess/Postpartum Nonpurulent/Infection/Postpartum Nonpurulent/Infection/Childbirth ADOPTION v61.29 MOTHER DIAGNOSIS PRIMARY DX _____ SECONDARY DX _____ SECONDARY DX _____ SECONDARY DX _____ ALL SERVICES AND SUPPLIES ARE NONREFUNDABLE NO RETURNS OR EXCHANGES
--	--	--	---

INSTRUCTIONS TO PATIENT FOR FILING INSURANCE CLAIMS: COMPLETE THE PATIENT INFORMATION SECTION AT THE TOP OF THIS FORM. SIGN AND DATE. THEN MAIL THIS FORM DIRECTLY TO YOUR INSURANCE COMPANY. PLEASE ATTACH YOUR OWN INSURANCE CARRIER'S CLAIM FORM. PLEASE REMEMBER THAT PAYMENT IS YOUR OBLIGATION. REGARDLESS OF INSURANCE OR OTHER THIRD PARTY INVOLVEMENT.		REC'D BY <input type="checkbox"/> CHARGE <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____	TODAY'S FEE OLD BALANCE TOTAL DUE AMT. REC'D NEW BALANCE
NEXT APPOINTMENT	PROVIDER'S SIGNATURE	DATE OF SERVICE	