

(Allow 2 - 3 weeks for delivery)

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 a lactation 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.

NOTE : Before ordering the LRV, you need to obtain an Employee ID Number (EIN) & a National Provider Identifier (see http://www.cms.gov/NationalProvIdentStand/03_apply.asp) <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 and NPI to process claims <http://aspe.hhs.gov/admsimp/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 PatIBCLC@aol.com

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 NPI # 1234445988 Tax ID # 59-2889097

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 NPI # _____ Tax ID # _____

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
c/o Sunshine Pediatrics
210 Lookout Place
Maitland, FL 32751 or E-mail: PatIBCLCPayPal@aol.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 _____