



**Lactation Supplies List and Fees**

Below are the lists of items that the Certified Lactation Counselor may recommend. Some of these items are billable to your insurance and will be submitted as DME while some are non-billable to your insurance and are available for purchase in the office for your convenience. If you choose to purchase the recommended item in the office, a full payment for these supplies will be expected at the time of service.

BILLABLE TO INSURANCE (DME)				
ITEM	ITEM NAME	CPT/HCPCS	Units	PRICE
67186	Manual Single User Breast Pump	E0602		\$28.00
87072	Breast Pump Shield 21MM	A4284		\$15.00
87274	Breast Pump Shield 27MM	A4284		\$15.00
87075	Breast Pump Shield 30MM	A4284		\$15.00
87084	Breast Pump Shield 36MM	A4284		\$15.00
		<b>TOTAL</b>		

NON-BILLABLE TO INSURANCE (Patient Responsibility)				
ITEM	ITEM NAME	Billing Code	Units	PRICE
Rental	Breast Pump Daily Rental	PRD		\$10.00
Rental	Breast Pump Weekly Rental	PRW		\$25.00
Rental	Breast Pump Monthly Rental	PRM		\$65.00
67099-06	Symphony Double Pumping Kit	L6709906		\$39.00
00901S	SNS Supplemental Nursing System	L00901S		\$56.00
87095	Breast Milk Collection and Storage Set	L87095		\$15.00
68063	Breast Milk Storage Bags (Sample Pack)	L68063		NO CHARGE
67251	Silicone Nipple Shield 16MM	L67251		\$10.00
67218	Silicone Nipple Shield 20MM	L67218		\$10.00
67203	Silicone Nipple Shield 24MM	L67203		\$10.00
89982	Nursing Pads (Sample Pack)	L89982		NO CHARGE
87124	Hydrogel Pads (2 units)	L87124		\$3.00
87121	Lanolin 0.3oz tube	L87121		NO CHARGE
		<b>TOTAL</b>		

I acknowledge that I have been given information and fees related to today's visit and financially responsible for the claims that my insurance do not cover.

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

**Name of Legally authorized patient/guarantor**