



# Cómo obtener un sacaleches

Si usted tiene *Badger Care (Forward Health)*

## Costo

- Usted califica para un extractor de leche gratis a través de su compañía de seguros solamente una vez en la vida
- Puede que tenga que efectuar un copago al recogerla

## Opciones para una bomba sacaleches

- Sacaleches manual
- Sacaleches eléctrico doble
- Pregunte al doctor que tipos de sacaleches están cubiertos por su seguro



## Pasos a seguir para recibir un sacaleches de Badger Care

HMO (seguro médico)	PRIMER PASO	SEGUNDO PASO	TERCER PASO	HORARIO / TELÉFONO
<b>Dean</b>	Pídale a su doctor o al pediatra que llene el formulario que hay detrás de esta hoja.	Pida a la clínica que manden el formulario por FAX a HOME HEALTH UNITED al: <b>866-553-0824</b> o llévelo en persona	Vaya a HOME HEALTH UNITED: 700 S. Park St. ó 4639 Hammersley Rd, Madison, WI a recoger su sacaleches.	Home Health United está abierto: de lunes a viernes de 8 am a 5 pm.  Si tiene preguntas llame al: 276-3420
<b>Group Health</b>	Llame al <b>257-9700</b> para hacer una cita con Lisa Hansen	Asegúrese de ir a la cita con Lisa Hansen		
<b>UnityPoint/Quartz o Physicians Plus</b>	Pídale a su doctor o al pediatra que llene el formulario que hay detrás de esta hoja.	Pida en la clínica que manden el formulario por FAX a UNITYPOINT at HOME al: <b>417-3767</b> , o llévelo en persona	Vaya a UNITYPOINT at HOME: 2180 West Beltline Hwy., Madison, WI 53713 a recoger su sacaleches	UnityPoint at Home está abierto de lunes a viernes de 8 am a 6 pm, y sábados de 9 am a 3 pm.  Si tiene preguntas llame al: <b>417-3700, Ext. 2</b>
<b>Todos los demás grupos o seguros</b>	Debe hablar con su doctor o con el del bebé, y seguir el proceso del seguro médico.			

## ¿Tiene preguntas sobre el sacaleches o cómo guardar la leche?

- Llame a la especialista en lactancia de su hospital o clínica para hacer una cita
  - Meriter: (608) 417-6547 o St. Mary's: (608) 258-6474
- Llame a la línea lactancia del Condado de Dane: (608) 243-0449
- Pregunte a la consejera de lactancia del WIC: (608) 267-1111

**Medical Provider:** Please complete this form and FAX to HMO Durable Medical Equipment provider.

<b>HMO</b>	DEAN	Group Health	UnityPoint/Quartz/ Physician Plus	All Other Providers
<b>FAX Number</b>	Home Health United (866) 553-0824	Attn: Lisa Hansen (608) 250-2015	UnityPoint at Home (608) 417-3767	Check with Provider

**DEPARTMENT OF HEALTH AND FAMILY SERVICES**  
 Division of Health Care Access and Accountability  
 F 1153 (10/2015)

**STATE OF WISCONSIN**

**FORWARDHEALTH  
 BREAST PUMP ORDER**

ForwardHealth requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number [DHS 104.02(4), Wis. Admin. Code].

Under Wis. Stat § 49.45(4), personally identifiable information about applicants and members is confidential and is used for purposes directly related to Forward Health administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

**INSTRUCTIONS**

Type or print clearly. This form is to be completed by the physician, given to the provider of the breast pump, and kept in the member’s medical record as required under DHS 106.02(9), Wis. Admin. Code. The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form.

		1. Date of Order	
2. Name – Member (Mother)		3. Address – Member	
4. Date of Birth – Infant		5. Member ID	

**6. Clinical Guidelines**

All of the following must apply as a condition for coverage. By checking the boxes, the physician verifies that all conditions are met.

- Physician ordered or recommended breast milk for infant.
- Potential exists for adequate milk production.
- Member plans to breast-feed long term.
- Member is capable of being trained to use the breast pump.
- Current or expected physical separation of mother and infant (e.g., illness, hospitalization, work) would make breast-feeding difficult, or there is difficulty with “latch on” due to physical, emotional, or developmental problems of the mother or infant.

**7. Type of Pump**

The physician orders or recommends the following breast pump for use by the member:

- Breast pump, manual, any type.
- Breast pump, electric (AC and / or DC), any type.
- Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction / release cycles, vacuum regulator, supplies transformer, electric (AC and / or DC).

8. Name — Physician		9. Address — Physician	
10. SIGNATURE — Physician		11. Date Signed	12. Time Signed