

PRESCRIPTION (cut on dotted line)



Fair Oaks Women's Health,
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PATIENT NAME _____ DATE _____

ADDRESS _____ DOB _____



ELECTRIC BREAST PUMP

PHYSICIAN SIGNATURE Byram Jick REFILLS _____

To OB Patients,

You may be eligible for a free breast pump. The preventive care provision of the Affordable Care Act (ACA or health care reform law) states that health plans must cover one breast pump per pregnancy with no cost sharing. Please contact a breast pump provider to make sure they work with your insurance plan. You can also go to your Health Plan web site. Look up approved Durable Medical Equipment (DME) suppliers.

Breast Pump Providers:

Edgepark Pharmacy
800-321-0591

Byram Healthcare
877-902-9726

Aeroflow Healthcare
888-345-1780