ROCKY MOUNTAIN HEALTH PLANS®
We understand Colorado. We understand you.

Breast Pump Claim Form

Complete all of the information below. Attach receipt showing exact model purchased to this form.

Member ID Number: ___ ___ ___ — ___ ___ —___ ___ ___ ___ — ___ ___ Member Birth Date: _____

Member Name: _____
(Please print) First Middle Last

Address:_____ City:_____ State: _____ Zip: _____

Expected Delivery Date: _____

CHOOSE ONE (RMHP will cover ONE option)

- ☐ Purchase – Breast Pump Manual (E0602)
- ☐ Purchase – Breast Pump Electric (E0603NU)

Provide name, address and telephone number of supplier/retailer where Breast Pump was purchased:

_____ _____ _____
Name Address Telephone Number

Date of Purchase: _____ Provider TIN: _____

I certify the information on this claim form is true and correct to the best of my knowledge. I authorize the release of any medical information necessary to process this claim.

Signature: _____ **Date:** _____
Member (or Parent if a Minor)

Reimbursement will be made to the Member for eligible expenses according to provisions of the Member's Evidence of Coverage. Reimbursement is limited to commercial individual and group plan members only. There is no reimbursement for CHP+, Medicaid, or Medicare Members.

If you need help to obtain additional forms, please call Rocky Mountain Health Plans Customer Service: 970-243-7050 or 800-346-4643. If you are hearing impaired and use TTY equipment, call 711 for Relay Colorado.

For Internal Use Only:

Researched by _____

Return Completed Form to:
Rocky Mountain Health Plans
Attn: Claims
2775 Crossroads Blvd.
P.O. Box 10600
Grand Junction, CO 81502-5600

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.