



Welcome to Military Mommies!!!

Military Mommies® is a division of Barber DME Medical Supply Group, a veteran-owned and operated company, that exclusively works with Tricare beneficiaries to assist them in obtaining their pregnancy and postpartum related medical supplies.** We want to support our military families by providing personal assistance from a locally trained expert, free breast pump consultations, and providing referrals to local resources and support. Local partners have demo pumps on hand so clients can see each breast pump, turn it on, listen to it, and see exactly how they work.

We currently offer the following medical supply items:

Breast pumps – We carry Medela, Spectra, Elvie, Ardo, Unimom, Lansinoh, and Motif. Clients can have our prescription form signed by their provider once they are at 27 weeks along in their pregnancy. Tricare covers most breast pumps at 100%.** We also provide milk storage bags through our resupply program.

Pregnancy Support – We offer pregnancy support belts, the Embracing Belly Boostier and the Basic Belly Boostier. Clients can have our prescription form signed by their provider at any time during their pregnancy if they are experiencing lower back pain. Our local representatives are trained to take measurements for proper sizing or give measurement guidance.*

Postpartum Support – We offer two choices of garments for postpartum support, the MamaStrut and Motif Postpartum Braces. Clients can have our prescription form signed by their provider at any time during their pregnancy. However, we do not recommend measuring and placing the order until 32-34 weeks along in your pregnancy to assure proper sizing.*

Compression Stockings – We carry Medi brand compression socks and stockings. Clients can have our prescription form signed by their provider at any time during their pregnancy. Our area partners are trained to take measurements for proper sizing or give measurement guidance.*



Positioning pillow – We carry pregnancy pillows too! Clients can have our prescription form signed by their provider at any time during their pregnancy. Be sure that you mark the box for a “positioning pillow” and include the diagnosis code on the prescription form.*

* Coverage for Pregnancy Support Bands, Postpartum Care Systems, Compression Stockings, and Positioning Pillows varies depending on the beneficiary’s specific Tricare plan and region.

** Per Tricare policy, Active Duty Members must obtain a referral/authorization from their PCM and direct it to Barber DME. Our area partners can provide patients with referral information.

Military Mommies does serve OCONUS duty stations. Check our website to see if we have an area partner near you or email us for more information. Visit our website to find a [local area partner](#) near you or email info@militarymommies.com for more information!

Sincerely,

The Military Mommies Team



MILITARY
MOMMIES®

Breast Pumps, Supplies, & Support

Your breastfeeding journey is about to begin.

We're here to help.



Military Mommies Partners provide the best way to get your breast pump, supplies, pregnancy support, and post partum support through TRICARE insurance. We serve military families worldwide by providing personal assistance from our network of trained, local Military Mommies Partners. They offer FREE breast pump consultations, personal experience, expert tips, referrals to local resources, and a supportive community. They have many demo pumps on hand so you can hold the pumps, turn them on, listen to them, and see exactly how they work. Military Mommies is passionate about supporting military families in their breastfeeding journeys because no one can provide the most specialized support for military families except for other military families.

Find a local Military Mommies Area Partner

Visit [MilitaryMommies.com](https://militarymommies.com) to locate the nearest Area Partner. Make an appointment to meet virtually or in-person to see and hear about our selection of breast pumps.

GET A FREE CONSULT WHEN YOU ORDER A TRICARE-COVERED
BREAST PUMP AT [MILITARYMOMMIES.COM](https://militarymommies.com)

Why choose Military Mommies?



Military Mommies is made up of current and former military families that exclusively work with TRICARE members. We provide a unique support system in which our Area Partners are available to work with you to explain pump options, features and to order the best breast pump for your individual breastfeeding journey.

Order with ease.

- 1 Get the prescription****
on the inside of this brochure signed by your physician
- 2 Visit [MilitaryMommies.com](https://militarymommies.com)**
to submit an eligibility form and view our pumps
- 3 Contact Your Local Area Partner**
for a Free Consultation and to submit your order



Congrats!

You've taken your first step on your breastfeeding journey!

**Prescription form below!

WE WORK WITH TRICARE EAST, WEST, & OVERSEAS

MOST BREAST PUMPS, PREGNANCY, AND POST PARTUM SUPPORT COVERED THROUGH TRICARE AT 100%

“Figuring out a good breast pump is so overwhelming, but this helps to clarify so much!”



Major Brands

Our offered breast pump products may change as the market does to ensure we carry the best selection for our clients.* We also offer insurance-covered pregnancy and post partum support products with a **prescription form**. Contact a local Area Partner or visit [MilitaryMommies.com](https://militarymommies.com) to learn about the current selection, storage bag resupply, and your TRICARE benefits.

*Offered breast pump products subject to change

 ARDO

 medela

elvie

 motif
MEDICAL

 Lansinoh

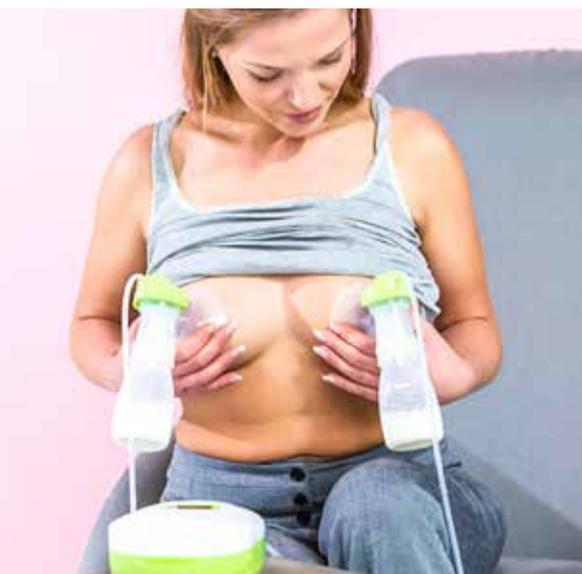
 speCtra

 unimom

 MamaStrut™
BY PELVACE

 medi

 IT'S YOU
ॐॐॐ





What is covered?

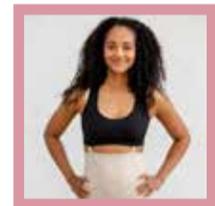
Choose from Medela, Ardo, Unimom, Lansinoh, Spectra, and Motif brands. Most of the breast pumps come with a tote bag, and some of them include a cooler bag, freezer pack and storage bottles. We also carry pregnancy & postpartum support products, and compression garments from Medi, Mama Strut,[™] and It's You Babe.[®] Contact your local Area Partner for [more details](#).



Sign-up for monthly supplies at no cost.*

Through our Resupply Program, you can receive monthly breast pump supplies at no cost to you.* Military Mommies works exclusively with TRICARE worldwide East, West, or Overseas. Some restrictions apply.

*For more about TRICARE policy on covered benefits, visit <https://tricare.mil/CoveredServices/IsItCovered/BreastPumpsSupplies>



If you are a military family needing support with your TRICARE benefits, [reach out to us!](#)

What mothers are saying about working with Military Mommies.

“

“I'm a first time Mom and had no idea there were so many breast pump options!”

“Even though I'm not a first time mom, it was great to learn about the different pumps available to me, and it helped me pick which one would be best for me with my current baby.”

... relieved so much of my anxiety surrounding becoming a mom. I'm just learning how to navigate TRICARE and knew absolutely nothing about breast pumps ...

“... pregnancy and post-partum is overwhelming enough – adding on more is insanity – so having a resource and people to turn to is amazing.”

“... very helpful for a first time mom like myself who is wanting to breastfeed but knows absolutely nothing about breastfeeding or breast pumps.”

”



“Supporting families in the transition to parenthood is truly my passion.
I’m so thankful to be able to do this everyday!”

- **Brittany Sandoval, North Regional Manager Partner, Tinker AFB, OK**



We are military families helping military families.

Military Mommies is made up of current and former military families. We are a division of Barber DME Supply Group, a veteran-owned and operated company, that exclusively works with TRICARE beneficiaries to assist them in obtaining their pregnancy and postpartum-related medical supplies.

Welcoming a new baby while being away from family can be difficult and feel isolating, but the goal for our Area Partners is to act as a resource no matter how your parenting journey unfolds. We invite you to connect with your local [Military Mommies Partner](#) to begin assisting you in your breastfeeding journey.

“I know firsthand how difficult the breastfeeding journey can be, and I love being a support to fellow military families navigating their own journeys.”

- **Amanda Glover, West Regional Manager Partner, Travis AFB, CA**

Prescription Forms

The following pages contain prescription forms to be filled by you and your doctor's office. Contact your local Area Partner or email info@militarymommies.com if you need assistance. The following forms are provided for your convenience:

Breast Pumps & Accessories

Positioning Cushions/Pillows

Compression

**Postpartum Therapy
including Motif, Mama Strut,
& Embracing Belly Boostier**

Visit militarymommies.com for product descriptions.





BREAST PUMPS & ACCESSORIES PHYSICIAN'S ORDER & LETTER OF MEDICAL NECESSITY

PATIENT INFORMATION

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Home or Cell Number: _____

Email address: _____

Primary Insurance: _____ Insurance ID: _____

INFORMATION FOR MEDICAL TREATMENT

Physician's Name: _____

Physician's Phone #: _____

Tricare Plan: _____ DoD Benefits #: _____

Email address: _____

Sponsor SSN: _____

Diagnosis (ICD-10) and Length of Need, unless otherwise noted:

DX: Z39.1 Postpartum Care and Examination of Lactating Mother

LON: Birth Event or 36 Months

Other: _____

Number of Weeks Pregnant: _____

Physician

I prescribe a double electric breast pump (E0603) and the following breast pumps accessories: Replacement Tubing For Breast Pump (A4281); Replacement Breast Pump Adapters (A4282); Replacement Caps For Breast Pump Bottles (A4283); Replacement Shields And Splash Protectors For Breast Pump (A4284); Replacement Bottles For Breast Pump (A4285); Replacement Rings For Breast pump Bottles (A4286); Storage Bags For Breast Milk (K1005); Breast Pump Spare Parts Kits (A9999).

By my signature below, I certify the patient, being treated by me, has the above diagnosis and I have prescribed breast pump(s) and supplies for lactation and breast feeding. It is my expert opinion that the prescribed products and supplies are medically necessary to facilitate management of the patient's condition. This prescription shall also serve as the Letter of Medical Necessity and all the information contained on this document accurately reflects the patient's condition and the treatment regimen that I have prescribed. The medical records for this patient substantiate the diagnosis for prescribed devices. The patient is able to follow instructions for managing lactation and is capable of using the ordered items. For insurance requirements, I agree to maintain this signed original document in the patient's medical record file for post-payment review/audit purposes. I certify, if I am a non-physician healthcare provider, that I have all necessary licensure and authorization under applicable state and federal law to treat this patient for her condition and to prescribe the above equipment and/ or supplies. I further certify that: (i) I have spoken with the patient and discussed the products and services that Barber DME and/or any of their corporate affiliates offer; (ii) the patient has authorized me, as her agent and representative, to authorize Barber DME to contact the patient by phone to discuss products and services that Barber DME offers and which may be available to such patient; and, (iii) as the patient's authorized agent and representative, I hereby authorize Barber DME to contact the patient by phone for such purposes.

Physician's Signature: _____ Physician's NPI: _____ Date: _____

This document is not intended to be a substitute for the comprehensive medical record.
Per Medicare guidelines, this form must be supported with information in the format used for other chart entries.



PHYSICIAN'S PRESCRIPTION FORM FOR POSITIONING CUSHIONS/PILLOWS

PATIENT INFORMATION

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Home or Cell Number: _____

Email address: _____

Primary Insurance: _____ Insurance ID: _____

DIAGNOSIS (PLEASE SELECT ALL THAT APPLY)

- M54.5 Low Back Pain
- Other Dx Code _____

PRODUCT: SELECT THE FOLLOWING

- Positioning Cushion/Pillow E0190
- Back Cushion
- General Wheelchair Cushion E2601 (less than 22 inches)
- General Wheelchair Cushion E2602 (22 inches or greater)

PHYSICIAN INFORMATION:

Physician Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

NPI #: _____ Phone #: _____ Fax# _____

Physicians Signature: _____ Date: _____

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PHYSICIAN'S PRESCRIPTION FORM FOR COMPRESSION

PATIENT INFORMATION

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Home or Cell Number: _____

Email address: _____

Primary Insurance: _____ Insurance ID: _____

DIAGNOSIS & PRODUCTS (PLEASE SELECT ALL THAT APPLY)

Diagnosis ICD10: I87.2, unless otherwise noted. If different, list code here: _____

Style:	Knee High	Thigh High:	Pantyhose:
Compression Strength:	<input type="radio"/> 15-20 (A6530)	<input type="radio"/> 15-20 (A6533)	<input type="radio"/> 15-20 (A6539)
	<input type="radio"/> 20-30 (A6530)	<input type="radio"/> 20-30 (A6533)	<input type="radio"/> 20-30 (A6539)
	<input type="radio"/> 30-40 (A6531)	<input type="radio"/> 30-40 (A6534)	<input type="radio"/> 30-40 (A6540)

PHYSICIAN INFORMATION:

Physician Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

NPI #: _____ Phone #: _____ Fax# _____

Physicians Signature: _____ Date: _____

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PHYSICIAN'S PRESCRIPTION FORM PREGNANCY SUPPORT & POSTPARTUM THERAPY

PATIENT INFORMATION

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Home or Cell Number: _____

Email address: _____

Primary Insurance: _____ Insurance ID: _____

DIAGNOSIS (SELECT ALL THAT APPLY)

Pregnancy Support: M54.5, Lower back pain Other (s) _____

Postpartum: R10.2, Pelvic and perineal pain Other (s) _____

PRODUCTS (PLEASE SELECT ALL THAT APPLY)

Pregnancy Support	Postpartum Care System																					
Embracing Belly Boostier L0621 Please place a check next to the size needed for the patient.	Motif Postpartum Recovery Support L2630 Please place a check next to the size needed for the patient.																					
<input type="radio"/> Petite 24" - 32" <input type="radio"/> Small 30" - 38" <input type="radio"/> Medium 36" - 44" <input type="radio"/> Large 42" - 52"	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr style="border-bottom: 1px solid black;"> <th style="width: 33%; text-align: left; padding: 2px;">SIZE</th> <th style="width: 33%; text-align: left; padding: 2px;">WAIST</th> <th style="width: 33%; text-align: left; padding: 2px;">HIPS</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><input type="radio"/> X-Small</td> <td style="padding: 2px;">24" - 26"</td> <td style="padding: 2px;">34" - 36"</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Small</td> <td style="padding: 2px;">27" - 29"</td> <td style="padding: 2px;">37" - 39"</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Medium</td> <td style="padding: 2px;">30" - 32"</td> <td style="padding: 2px;">40" - 42"</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Large</td> <td style="padding: 2px;">33" - 36"</td> <td style="padding: 2px;">43" - 45"</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> X-Large</td> <td style="padding: 2px;">37" - 39"</td> <td style="padding: 2px;">46" - 49"</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> 2X-Large</td> <td style="padding: 2px;">40" - 44"</td> <td style="padding: 2px;">50" - 54"</td> </tr> </tbody> </table>	SIZE	WAIST	HIPS	<input type="radio"/> X-Small	24" - 26"	34" - 36"	<input type="radio"/> Small	27" - 29"	37" - 39"	<input type="radio"/> Medium	30" - 32"	40" - 42"	<input type="radio"/> Large	33" - 36"	43" - 45"	<input type="radio"/> X-Large	37" - 39"	46" - 49"	<input type="radio"/> 2X-Large	40" - 44"	50" - 54"
SIZE	WAIST	HIPS																				
<input type="radio"/> X-Small	24" - 26"	34" - 36"																				
<input type="radio"/> Small	27" - 29"	37" - 39"																				
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<input type="radio"/> 2X-Large	40" - 44"	50" - 54"																				

PHYSICIAN INFORMATION:

Physician Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

NPI #: _____ Phone #: _____ Fax# _____

Physicians Signature: _____ Date: _____

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PHYSICIAN'S PRESCRIPTION FORM PREGNANCY SUPPORT & POSTPARTUM THERAPY

PATIENT INFORMATION

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Home or Cell Number: _____

Email address: _____

Primary Insurance: _____ Insurance ID: _____

DIAGNOSIS (SELECT ALL THAT APPLY)

Pregnancy Support: M54.5, Lower back pain Other (s) _____

Postpartum: R10.2, Pelvic and perineal pain Other (s) _____

PRODUCTS (PLEASE SELECT ALL THAT APPLY)

Pregnancy Support	Postpartum Care System
Embracing Belly Boostier L0621 Please place a check next to the size needed for the patient. <input type="radio"/> Petite (24"- 32") <input type="radio"/> Small (30" - 38") <input type="radio"/> Medium (36"-44") <input type="radio"/> Large (42"- 52")	Mama Strut L8310 Please place a check next to the size needed for the patient. When sizing, we recommend measure the top of the patient's hip bone (Iliac crest) for sizing. <input type="radio"/> X-Small (26"-32") <input type="radio"/> Small (32"-37") <input type="radio"/> Medium (35"-42") <input type="radio"/> Large (38"-45") <input type="radio"/> X-Large (42"-48") <input type="radio"/> 2X-Large (48"-54") <input type="radio"/> 3X-Large (54"-60") <input type="radio"/> 4X-Large (60"-64") <input type="radio"/> A9273 Abdominal Ice/Heat pack (additional, not covered by insurance) <input type="radio"/> A9273 Lower Back Ice/Heat pack (additional, not covered by insurance) Extender needed <input type="radio"/> Yes <input type="radio"/> No

PHYSICIAN INFORMATION:

Physician Name: _____

Office Address: _____

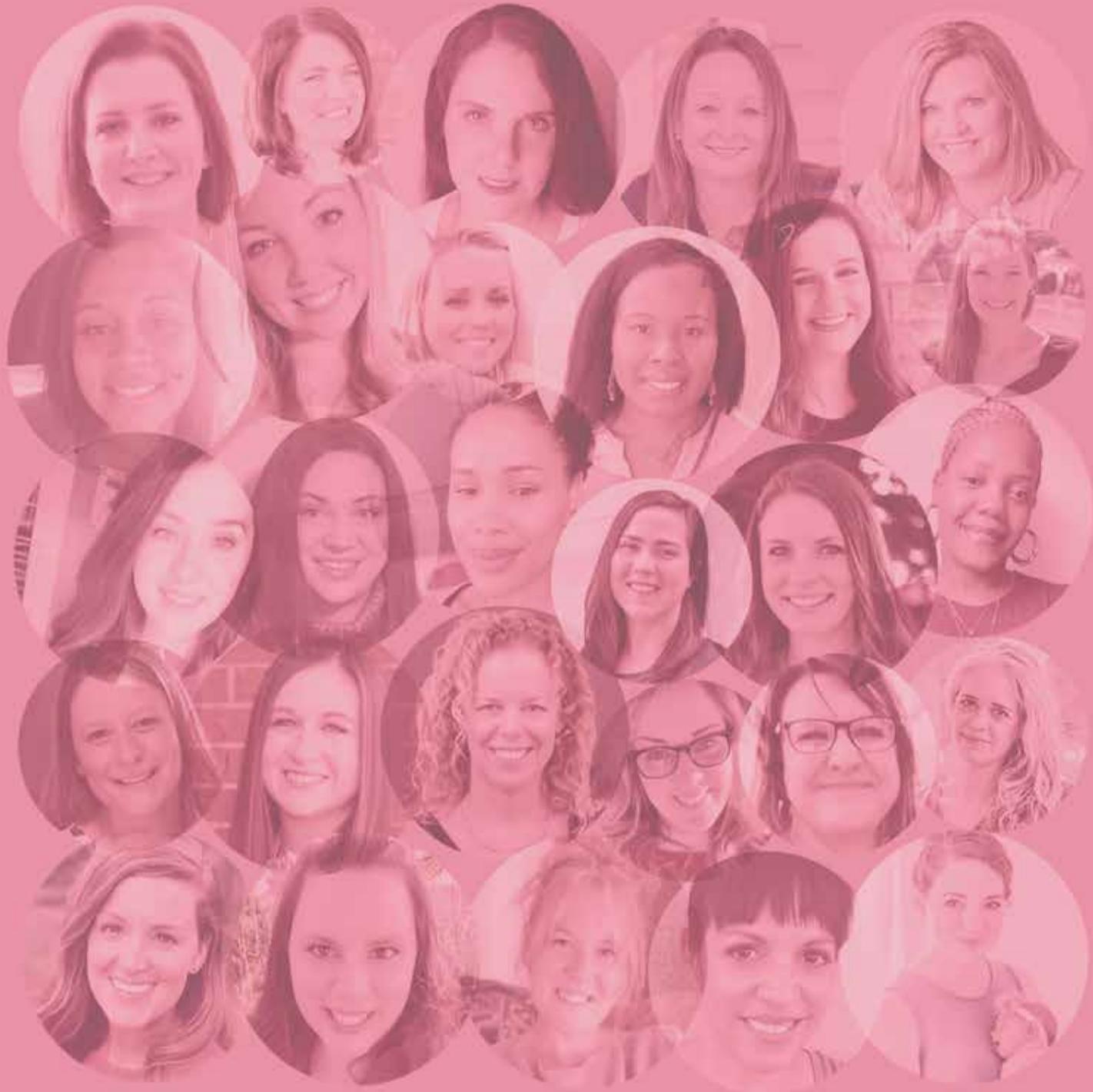
City: _____ State: _____ Zip: _____

NPI #: _____ Phone #: _____ Fax# _____

Physicians Signature: _____ Date: _____

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We are



SUPPORTING MILITARY FAMILIES IN
THEIR BREASTFEEDING JOURNEYS

READY TO GET STARTED?
VISIT [MILITARYMOMMIES.COM](https://militarymommies.com) FOR MORE INFORMATION
OR TO CONNECT WITH A LOCAL AREA PARTNER