



## *Tricare Breast pump **reimbursement** procedure*

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1. Mail **receipt** for breast pump, **Tricare claim forms** (see additional link) and **prescription** to:

Health Net Federal Services, Inc.  
c/o PGBA, LLC/TRICARE  
P.O. Box 870140  
Surfside Beach, SC 29587-9740

\*Any questions regarding Breast pump reimbursement claims please contact Tricare directly.

[www.hnfs.com](http://www.hnfs.com)

1-877-TRICARE (1-877-874-2273)



Walter Reed  
National Military  
Medical Center

Walter Reed National Military Medical Center  
8901 Wisconsin Ave  
Bethesda, MD 20889

EO603 Personal Breast Pump TriCare Prescription

ICD 10 Code: Z39.1

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


Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

\*Electric Double Breast pump

 NPI: 1356338404

D.S Wiersma, MD

Phone: (301) 295-5552