

Order Form for Mail In or Fax Orders for the Lactation Visit Receipt Packet (LVR Packet)

The LVR packet is INTENDED for use by IBCLCs, doctors, nurse practitioners, nurses, or other health care providers including hospitals. Orders to lay persons will not be filled.

For \$45.00* (plus \$5.00 for shipping and handling for a total of \$50.00), you will receive a PHOTO READY copy of the Lactation Visit Receipt (the LVR is a lactation superbill) with your customized header. Several other forms necessary for a private practice lactation consultant or hospital based lactation outpatient department are included in the packet. Your photo ready copies can then be taken to a printer such as Office Depot, Office Max or Staples for printing (the LVR is recommended to be printed in triplicate). You can have as many or as few copies printed as you wish.

**Recent price increase due to some revisions to the LVR packet which includes NEW code S9443 and HIPAA Privacy Practices. Also, all forms other than LVR will NOW be placed on a CD-R and added to your packet for ease of changes or customizing to suit your business needs.*

NOTE : Before ordering the LRV, you may want to obtain an Employee ID Number (EIN)

<http://www.irs.gov/businesses/small/article/0,,id=98350,00.html> sometimes referred to as a Federal ID Number if you do not already have one. Healthcare insurance plans require EINs to process claims <http://aspe.hhs.gov/admnsimp/faqemp.htm> . You may apply online for an EIN at https://sa1.www4.irs.gov/sa_vign/newFormSS4.do

If you have questions, please DO NOT phone me, please e-mail me PatIBCLC@aol.com

Please list your LVR HEADER HERE (four lines, line four should always be your EIN or Tax ID number):

Line # 1 _____

Line # 2 _____

Line # 3 _____

Line # 4 _____

Line \$ 5 Tax ID # _____

Example: #1

#2

#3

#4

#5

Lactation Services

Jane Smith, RN, BA, IBCLC

Registered Nurse – Board Certified Lactation Consultant

240 Rock Lake Road, Midtown, OH 25516 – Phone 902-344-6868

Tax ID # 59-2889097

Please send check or credit card information for \$50.00 (includes shipping and handling).

Please include sale tax if in the state of Florida for only the \$45.00.

Fax 407-215-0402 or Mail to:

Pat Lindsey, IBCLC

1851 Old River Trail

Chuluota, FL 32766

E-mail: PatIBCLC@aol.com or pat@patlc.com

PRINT Name: _____

FULL mailing address to send packet to: _____

E-mail address (if I need to contact you for clarification) _____

VISA, MASTER CARD, or DISCOVERY CARD number: _____

Expiration Date _____ 3 digit # on back of charge card _____ AMOUNT TO CHARGE _____

Signature for credit card _____

(Allow 2 - 3 weeks for delivery)