



3127 Penn Avenue  
Pittsburgh, PA 15201  
orders@midatlanticmilkbank.org  
phone: 412-281-4400 / fax: 412-281-4236

Dear Outpatient Recipient Family,

Thank you for choosing the Mid-Atlantic Mothers' Milk Bank. We appreciate being able to serve you! As a member of the Human Milk Banking Association of North America (hmbana.org), we are able to dispense donor milk to outpatients with a prescription documenting medical need.

**We will need the following documents before you can place an order:**

- Client Registration Form (completed by family and included in this packet)
- Payment Information (completed by family and included in this packet)
- Consent for Donor Milk Use Form (completed by family and included in this packet)
- Initial Health Review Form for Outpatient Use (filled out by family or healthcare provider)
- Prescription Form (completed by healthcare provider)
- Insurance pre-authorization, if applicable (the healthcare provider must take care of this)

Medicaid and private insurance carriers may cover the donor milk processing fees if there is a medical need. You will be responsible for shipping costs (\$0.20 per ounce) and any coinsurance amounts required by your insurance plan. **Health insurance plans require the prescribing physician to contact the insurer to obtain an authorization number**, so please ask the prescribing physician to request the authorization. Without insurance coverage, you are responsible for the costs of the milk processing, storage, and distribution. The milk bank is a 501(c)(3) non-profit organization and all donors are volunteers who receive no compensation. We rely on milk processing fees to pay for the costs of donor bloodwork, milk testing (bacteria, drug, and nutrition), pasteurization, and bottles.

Please review the following documents for additional information:

- General Information about Donor Milk Use sheet
- Donor Milk Pricing and Payment Information
- Milk Bank's Distribution Policy

The following items are in the Healthcare Provider Info packet.

- Prescription Form (to be faxed to us)
- Statement of Medical Necessity Template (to be submitted to the insurance plan)
- Tips for Prescribing Physicians on Insurance Authorization Requests

### **Ordering Procedures**

Once the milk bank has the completed forms and necessary information, you may place an order. Orders for outpatient families are filled on a weekly basis.

**Orders may be placed Monday-Thursday by 1:00pm for delivery the following day.** Orders are shipped overnight by FedEx and arrive mid-morning the day after the order is placed. If you have not received the order by noon, please contact us so that we can track the shipment. Please be aware that orders placed on Friday will incur an additional \$16 Saturday delivery surcharge.

Please contact Sara Vins Bobish, Business Manager, with any questions. Sara can be reached at 412-281-4400 ext. 111 or [svinsbobish@midatlanticmilkbank.org](mailto:svinsbobish@midatlanticmilkbank.org).



## CLIENT REGISTRATION

### Recipient Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Diagnosis: \_\_\_\_\_

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### Parent/Guardian Information

Parent(s) or Guardian(s): \_\_\_\_\_

Address (if different from Child's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Healthcare Provider Information

Ordering Physician's Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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### Shipping Information (if different from recipient's home address)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_



**PAYMENT INFORMATION**

Credit Card Type:  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Insurance Information (if applicable)**

A clearly readable photo/copy of the front and back of the insurance card must be provided.

Insurance Plan Name or Program: \_\_\_\_\_

Donor Milk Recipient's Insurance ID Number: \_\_\_\_\_

Insurance Policy or Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Employer: \_\_\_\_\_

Patient Relationship to the Insured:  Self  Child

Processing fees for Pasteurized Donor Human Milk are \$15.00/100ml bottle. **It is the responsibility of the family and the healthcare provider to contact the insurance company or state plan about covering Donor Milk fees.** Recipient families are responsible for shipping costs (\$0.20 per ounce) and any coinsurance amounts required by their insurance plan. Those families who require financial assistance (up to 500% of the Federal poverty level) may complete an application to our Sliding Scale Fee Discount Program. Unless other arrangements (such as insurance coverage) are made, the credit card listed above will be charged with each order of Donor Milk. Due to the length of time that it takes to obtain an insurance authorization or complete the Sliding Scale application, it is the Milk Bank's policy to immediately fulfill an initial order of a two week supply of Donor Milk and defer charging the listed credit card until the end of the two week period, if requested. **Additional orders cannot be filled without insurance authorization or payment.**

\_\_\_\_\_  
Signature of Financially Responsible Parent/Guardian

\_\_\_\_\_  
Date



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## CONSENT FOR USE OF DONOR MILK

Your child's healthcare provider has prescribed pasteurized donor milk from Three Rivers/Mid-Atlantic Mothers' Milk Bank. Human milk provides optimal nutrition, promotes normal growth/development, and reduces the risks of illness and disease. Mother's own milk is best but when it is unavailable, pasteurized milk from carefully screened donors is the next best option. Donor milk may be recommended for a variety of reasons including, but not limited to: prematurity, gastrointestinal conditions, metabolic disorders, congenital heart disease, failure to thrive, allergies, formula intolerance, immunological disorders, maternal insufficiency, and adoption.

Three Rivers/Mid-Atlantic Mothers' Milk Bank ("Milk Bank") strictly follows the guidelines of The Human Milk Banking Association of North America (HMBANA) for donor screening, milk processing, and distribution.

Donors are healthy lactating women who receive no payment for their donation and must complete a thorough screening process. The four-part screening includes a verbal interview, a detailed medical history/application packet, statements of health from the health care providers of both the donor and her baby, and blood testing which includes HIV, HTLV, Syphilis, and Hepatitis.

Milk is transported to the milk bank frozen. The milk of 1-5 donors is thawed, mixed, and bottled. The bottles are then heat processed using the Holder Method of Pasteurization (62.5°C for 30 min) to eliminate pathogens while protecting as many of the bioactive properties of the milk as possible. A random bottle from each processed batch is sent to a lab for bacterial testing for added safety. All milk pools are tested for a panel of common drugs and nutritional content.

While every precaution is taken and HMBANA milk banks have an exceptional 30 year old safety record, there is always a small chance that an infectious agent could be passed to your child and potentially result in an illness. Please consult with your child's healthcare provider if you have any concerns about the use of donor milk. It is also important to discuss all human milk use with your child's healthcare provider.

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Please initial each statement and sign below.

\_\_\_\_\_ My child's healthcare provider has prescribed donor milk and has explained the benefits and possible risks.

\_\_\_\_\_ I authorize the release of any medical or other information necessary to process health insurance claims, and I authorize payment of medical benefits to the Three Rivers/Mid-Atlantic Mothers' Milk Bank.

\_\_\_\_\_ I have read the above information and have had my questions answered to my satisfaction.

\_\_\_\_\_ I understand that milk banks rely on the generosity of donors and therefore cannot guarantee quantities for outpatients. In times of low supply, first priority is given to hospitalized infants, then outpatients with medical needs, and finally outpatients without a documented medical need.

\_\_\_\_\_ I certify that the donor milk provided will be used only by the recipient listed and will not be resold or shared with any other individuals.

I have read the above information and consent to the use of pasteurized donor milk for my child.

Recipient's Name (print): \_\_\_\_\_

Legal Guardian (print): \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For information about Mid-Atlantic Mothers' Milk Bank, visit [midatlanticmilkbank.org](http://midatlanticmilkbank.org)**



## DONOR MILK PRICING AND PAYMENT INFORMATION

### ***Pricing***

Mid-Atlantic Mothers' Milk Bank is a non-profit organization that charges the lowest fee possible to cover costs such as bottles, equipment, blood screening, milk testing (bacterial cultures, drug, nutrition) and wages for our personnel.

Donor milk is available in 100ml and 200ml bottles (approximately 3 and 6 ounces).

100ml bottles: \$15.00    200ml bottles: \$29.33

### ***Insurance Reimbursement***

Medicaid and private insurance carriers may cover the donor milk processing fees if there is a medical need. A letter of medical necessity or documented trials of formulas is required. **It is up to the prescriber (your healthcare provider) or you to contact the insurer and obtain an authorization number.** We are happy to answer any questions that you or your provider may have, but **we cannot submit a claim to the insurance company without an authorization number or adherence to the insurance plan's specific donor milk policy.** Recipient families are responsible for shipping costs (\$0.20 per ounce) and any coinsurance amounts required by the insurance plan.

### ***Private Payment***

**Without insurance authorization, the cost of donor milk is the responsibility of the family.** Payment may be made by credit card or check. Payment may also be made through a Health Flexible Spending Account – please contact your employer for details.

### ***Sliding Scale Fee Program***

We recognize that the cost of donor milk can be a significant burden. To help families in need offset the cost of donor milk, the milk bank has an income-based Sliding Scale Fee Discount Program to assist families in PA, WV, MD, and NJ with household incomes up to 500% of the Federal poverty line.

### ***Medical Need Versus Discretionary Use***

Maternal milk is the best nutrition for all infants and every effort should be made to provide mother's own milk. Pasteurized donor milk from screened donors can be an excellent substitute when mother's own milk is unavailable, but it is a resource that sometimes requires prioritization according to medical need.

Medical need describes a diagnosis or circumstance in which donor milk may provide a therapeutic benefit. Such conditions include but are not limited to, malabsorption disorders, prematurity, short gut syndrome, congenital heart disease, renal disease, post-surgical nutrition, immunological deficiencies, failure to thrive, allergies, and formula intolerance. Formula intolerance is generally defined as suboptimal growth and/or symptoms after documented trials of formula including preparations that require a prescription.

Discretionary use of donor milk describes situations in which an infant does not have access to maternal milk but does not have a documented medical indication. Such situations include adoption, maternal death, insufficient supply, and temporary discontinuation of breastfeeding due to medication. While the milk bank is able to fill prescriptions for discretionary use, please be aware that it is unlikely that such use would be covered by insurance.

**Payment arrangements must be made at the time of purchase – payment by check or credit card, an authorization number, and a completed application to the Sliding Scale Fee Program (if applicable).**



## GENERAL INFORMATION ABOUT USING DONOR MILK

### **Pickup and Shipping of Frozen Donor Milk**

#### *Pickup*

For those families living in the Pittsburgh area, milk may be picked up at our facility on Penn Avenue in the Strip District.

#### *Shipping*

For those residing outside of Pittsburgh, milk is shipped overnight using FedEx through PeriShip, a perishable item shipping company.

Milk will arrive in a box with a Styrofoam cooler core. Dry Ice is used to ensure that the bottles arrive solidly frozen. The dry ice usually fully evaporates before delivery. Should any dry ice remain in the box when you receive it, **DO NOT TOUCH THE DRY ICE – IT CAN CAUSE BURNS**. You can carefully dump the dry ice in a sink or simply open the box and let the dry ice evaporate for an hour or so before removing the bottles. If you have any questions or concerns regarding your milk delivery do not hesitate to contact us.

### **Thawing Milk**

Ideally, milk should be thawed in the refrigerator overnight. To rapidly defrost a bottle of milk, run warm water over it or place the bottle in a bowl filled with warm water. Make sure that the water does not come into contact with the lid. Do not use water that is above 98°F. Swirl occasionally. Do not use a microwave to defrost milk.

Just prior to feeding, gently swirl the bottle of thawed milk to mix any fat that has separated. Pour the desired amount of thawed milk into a bottle, cup, or supplementer for feeding. Thawed milk may be warmed to feeding temperature using the same procedure of placing the container in a warm water bath. Once a feeding is completed, unused milk left in the feeding container must be discarded.

Completely thaw the bottle to allow the milk to be swirled to distribute nutrients. Do not just thaw enough to pour off a feeding.

Milk is safe to use up to 48 hours after it is thawed.

It is important to keep thawed milk refrigerated at all times.

Frozen milk is safe to use until the expiration date listed on the bottle.

### **Things You May Notice**

The appearance of milk can vary quite a bit. Some milk looks “thin” while other milk appears “thicker.” Milk can also be many different colors... pure white, pale yellow white with a bluish or greenish tinge, etc. These variations are perfectly normal and do not indicate differences in quality or nutrition.

Depending on your child's previous diet, you may notice a change in his/her stools and stooling patterns. Typical breast milk stools are yellow/golden, loose, and seedy. If you have any question regarding changes for your child after receiving donor milk, please contact your healthcare provider.

**If you have any questions, do not hesitate to call Operations Director, Cyndy Verardi  
at 412-281- 4400 ext. 105**



## DISTRIBUTION POLICY

Mid-Atlantic Mothers' Milk Bank (MAMMB) is a community-based not for profit organization committed to bettering the lives and health outcomes of our region's residents. In our ideal world, every baby would receive donated human milk if mother's own milk is not available. The reality is that there is a limited supply of this precious resource and that there are significant costs associated with the screening and processing necessary for the medically fragile infants that we serve.

MAMMB relies on the generosity of volunteer milk donors and therefore cannot guarantee availability of milk. We developed this Distribution Policy in accordance with the guidelines of the Human Milk Banking Association of North America (HMBANA) to ensure that infants with the greatest medical need for donor milk are given priority.

### Definitions, as defined by the Medical Advisory Board of MAMMB

Medical Need: A diagnosis or circumstance in which donor milk may provide a therapeutic benefit. Such conditions include, but are not limited to, malabsorption disorders, prematurity, short gut syndrome, congenital heart disease, renal disease, post-surgical nutrition, immunological deficiencies, failure to thrive, allergies, and formula intolerance. Most cases of documented medical need are covered by insurance. Those that are not are eligible for an income based discount through MAMMB's sliding scale program.

Discretionary Outpatient Use: A situation in which an infant does not have a documented medical indication for human donor milk and has limited or no access to maternal milk. Such situations include adoption, maternal death, insufficient supply, maternal mastectomy, temporary discontinuation of breastfeeding due to medication, and bridge milk use. Discretionary use is unlikely to be covered by insurance and is not eligible for MAMMB's Sliding Scale Discount Program.

Formula Intolerance: Suboptimal growth and/or symptoms after documented trials of different formulas. MAMMB defines formula intolerance as continued issues after at least 3 documented formula trials including a hypoallergenic or amino acid based preparation.

Bridge Milk: Limited short-term donor milk fed to a healthy baby in the first four weeks of life as a mother works to increase her own milk supply.

### Classification of Need

If a prescription for donor milk does not clearly fall under one of the above definitions, the Medical Advisory Board of MAMMB will review the information provided and determine whether the request is a medical need or discretionary use.

### Order Fulfillments

MAMMB aims to provide facilities and ill outpatients in PA, WV, NJ, and MD with a reliable, ample supply of pasteurized donor milk. Orders are filled using the following guidelines:

Milk distribution is prioritized as follows: 1) Level 3 and Level 4 Neonatal Intensive Care Units (NICUs) and Cardiac Intensive Care Units; 2) Lower Level NICUs; 3) Outpatients with Medical Needs; 4) Mother Baby Units; 5) Discretionary Use and Bridge Milk.

Orders placed for Discretionary Use or Bridge Milk will only be filled if MAMMB has, in stock, a volume of milk sufficient to cover one month of the typical needs of all the hospitals it serves. This volume is calculated as an average from orders in the previous quarter.

### Review of Use

MAMMB's Medical Advisory Board reviews all outpatient prescriptions quarterly.