Casillas
Lactation Care

Medicaid Discount Application

Parent's name_____

Infant's / child's name _____

Parent's SSN _____

Medicaid number_____

Phone _____

Email _____

Address_____

_____

Print out and bring with you or have your Medicaid card avaliable at time of service.

Victoria Casillas, IBCLC, BFPC, FILCA | 308-641-1146 | vncasillas@gmail.com

Hours: 7 a.m. - 7 p.m. Monday - Friday | 9 a.m. to 6 p.m. Saturdays and Sundays