NEWBORN SCREENING BENEFITS PRESCRIPTION REQUEST FORM

Texas Department of State Health Services Date: Client Account #:Benefits Expiration Date: Client's Name: Client's Diagnosis: Applicant Pregnant? YES NO Expected Due Date:	TEXAS Health and Human	IMMEDIATE MEDICAL NEED	
Weakth Services	Services		
Client's Name: Client's Diagnosis: Applicant Pregnant? YES NO Expected Due Date: 	Texas Department of State Health Services		ANGE PRESCRIPTION
Client's Diagnosis:	Client Account #:Benefits Expiration Date:		
Applicant Pregnant? YES NO Expected Due Date: DOB:	Client's Name:		
DDB:	Client's Diagnosis:		
Parent/Guardian: Phone #: Home Address: City: Zip: Shipping address if different from above: City: Zip: VENDOR CHANGE: Pharmacy or Medical Foods Distributors ** Explain change below Current Vendor: (check new vendor below) Reason for change: (check new vendor below) Date of last order placed with current vendor: (check new vendor below) Reason for change: Date of last order placed with current vendor: Appex Low Protein Foods (\$300 limit) Yes No Pharmacy Provider: Agpex Low Protein Foods (\$300 limit) Yes No Pharmacy Compounding Shop Office Visits Laboratory Davila Laboratory Laboratory List each of the items in the appropriate category below: ** Medications: Office Visits Laboratory Vitamins (\$300 Limit):	Applicant Pregnant? 🗌 YES 🗌 NO 🛛 E	xpected Due Date:	
Home Address: City: Zip: Shipping address if different from above:	DOB:Gender:	Male Female Spanish-Speaking O	nly 🗌 YES 🗌 NO
Home Address: City: Zip: Shipping address if different from above:		Phone #:	
VENDOR CHANGE: Pharmacy or Medical Foods Distributors ** Explain change below Current Vendor:	Home Address:	City:	Zip:
Current Vendor:	Shipping address if different from above:		
Reason for change:	VENDOR CHANGE: Pharmacy or	Medical Foods Distributors ** Explain	change below
Date of last order placed with current vendor:	Current Vendor:	(check	c new vendor below)
Medical Foods Distributors: Pharmacy Provider: Services: Low Protein Foods (\$300 limit) Yes No Aapex Compounding Shop Office Visits Laboratory Davila Davila Services: Office Visits Laboratory Davila Services: Office Visits Laboratory List each of the items in the appropriate category below: ** Medications: Vitamins (\$300 Limit): Services: Office Visits Dietary Supplements (\$1,800 Limit):			
Low Protein Foods (\$300 limit) Yes No Aapex Compounding Shop Office Visits Laboratory Davila Davila Davida Diffice Visits Laboratory Davida Davida Diffice Visits Laboratory List each of the items in the appropriate category below: ** Medications:		lor:	
PKU Perspectives Davila Office Visits Davila Davila Laboratory List each of the items in the appropriate category below: ** Medications:			Services:
Davila Laboratory Laboratory Laboratory List each of the items in the appropriate category below: ** Medications: Medications:	· · · · · · · · · · · · · · · · · · ·	Aapex Compounding Shop	Office Visits
List each of the items in the appropriate category below: ** Medications: Vitamins (\$300 Limit): Dietary Supplements (\$1,800 Limit): Medical Food (Formula) Labs: Doctors Visits Dietary Supplements (\$1,800 Limit): Medical Food (Formula) Labs: Doctors Visits Dietary Supplements (\$1,800 Limit): Medical Food (Formula) Labs: Doctors Visits Diagnostic Other # of visits ** For Change in prescription or new item please list medical necessity	· ·	Davila	Laboratory
Medications:	Cambrooke Therapeutics Inc.		,
Vitamins (\$300 Limit):			
Dietary Supplements (\$1,800 Limit):			
Medical Food (Formula) Labs: Doctors Visits Diagnostic Other # of visits ** For Change in prescription or new item please list medical necessity *** For Change in prescription or new item please list medical necessity Physician Specialist and Facility:			
Labs: Doctors Visits Diagnostic Other # of visits ** For Change in prescription or new item please list medical necessity Physician Specialist and Facility:			
<pre>** For Change in prescription or new item please list medical necessity</pre>			
Physician Specialist and Facility: Dietitian/RN: Phone: Email Address: Fax: Dietitian/RN Signature: Date: Dietitian/RN Signature: Date: NBS Benefits Staff: Date: The following items/ services are not listed as allowable NBS Benefits list NBS Medical Director signature is required if requested benefits or services are not listed in the allowable NBS Benefits List. Approved: YES NO This Disorder Only All Disorders This Client Only Reason for Denial: NBS Medical Director:	Labs:	Doctors Visits Diagnostic Other	# of visits
Dietitian/RN: Phone: Email Address: Fax: Dietitian/RN Signature: Date: Dietitian/RN Signature: Date: NBS BENEFITS ONLY: Approved: YES NO Effective Dates: NBS Benefits Staff: Date: The following items/ services are not listed as allowable NBS Benefits list NBS Medical Director signature is required if requested benefits or services are not listed in the allowable NBS Benefits List. Approved: YES NO This Disorder Only Reason for Denial: Date: NBS Medical Director: Date:	** For Change in prescription or new item	please list medical necessity	
Email Address:	Physician Specialist and Facility:		
Dietitian/RN Signature: Date: Date: MBS BENEFITTS ONLY: Approved: YES NO Effective Dates: NBS Benefits Staff: Date: The following items/ services are not listed as allowable NBS Benefits list NBS Medical Director signature is required if requested benefits or services are not listed in the allowable NBS Benefits List. Approved: YES NO This Disorder Only All Disorders This Client Only Reason for Denial: NBS Medical Director:Date:	Dietitian/RN:	Phone:	
Dietitian/RN Signature: Date: Date: MES BENEFITS ONLY: Approved: YES NO Effective Dates: NBS Benefits Staff: Date: The following items/ services are not listed as allowable NBS Benefits list NBS Medical Director signature is required if requested benefits or services are not listed in the allowable NBS Benefits List. Approved: YES NO This Disorder Only All Disorders This Client Only Reason for Denial: NBS Medical Director:Date:	Email Address:	Fax:	
NBS Benefits Staff: Date: The following items/ services are not listed as allowable NBS Benefits list	Dietitian/RN Signature:		
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Reason for Denial:			This Client Only
NBS Medical Director:Date:			
		Date:	
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