NEWBORN SCREENING BENEFITS PRESCRIPTION REQUEST FORM

TEXAS Health and Human Services | Texas Department of State Health Services

☐ **IMMEDIATE MEDICAL NEED** ☐ **NEW**
☐ **RENEWAL** ☐ **ADD** ☐ **CHANGE PRESCRIPTION**

Client Account #: _____ Expiration Date: _____
Client's Name: _____
Client's Diagnosis: _____
Applicant Pregnant? ☐ **YES** ☐ **NO** Expected Due Date: _____
DOB: _____ Gender: ☐ Male ☐ Female **Spanish Speaking Only** ☐ **YES** ☐ **NO**

Parent/Guardian: _____ Phone #: _____
Address: _____ City: _____ Zip: _____
Shipping address if different from above: _____

VENDOR CHANGE: ☐ *Pharmacy or* ☐ Medical Foods Distributors ** ***Explain change below***
Current Vendor: _____ *(check new vendor below)*
Explanation: _____
Low Protein Foods: (include last month order placed) _____

Medical Foods (Formula or Low protein foods) Distributors:	**Pharmacy Provider:**	**Services:**
☐ PKU Perspectives	☐ Aapex ☐ Compounding Shop	☐ Office Visits
☐ Cambrooke Therapeutics Inc.	☐ Davila	☐ Laboratory

Low Protein Foods: ☐ Yes ☐ No ($300 Limit)

List each of the prescribed items in the appropriate category below: **

Medications: _____
Vitamins ($300 Limit): _____
Dietary Supplements ($1,500 Limit): _____
Medical Food (Formula): _____

**** Change in prescription or a new item please include medical necessity:** _____

Physician Specialist/Facility: _____
Dietitian/RN: _____ Phone: _____
Email Address: _____ Fax: _____
Dietitian/RN Signature: _____ Date: _____

NBS BENEFITS ONLY: **Approved:** ☐ **YES** ☐ **NO** Effective Dates: _____
NBS Benefits Staff: _____ Date: _____
The following items are not listed in the 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: _____

Send completed form to NBS Benefits Fax: 512-776-7450 or RightFax # 512-206-3909 or E-mail: NBSBenefits@dshs.texas.gov Questions? Call 512-776-3957 or 800-252-8023 ext. 3957