



NEWBORN SCREENING BENEFITS Pharmacy Monthly Billing Report

Enter the total amount for all products and shipping costs provided for NBS Benefits clients during the billing month and attach to the [State of Texas Purchase Voucher \(Form B-13\)](#)

Vendor Name: _____

Month and Year: _____

Dietary Supplements:

Monthly whole sale cost for products	\$
15% of whole sale cost	\$
A. Total amount for dietary supplements	\$

Medications:

B. Total whole sale cost for medications	\$
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Vitamins:

C. Total whole sale cost for vitamins	\$
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Total Cost of Products:

D. Total cost of all products for the month (A + B + C)	\$
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Total Shipping Cost:

E. Total shipping cost for the month	\$
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Total Monthly Billing Amount:

F. Total cost of products and shipping for the month (D + E)	\$
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Form B-13 in Box 13 – Enter the Total Cost for the Month.

Form B-13 in Box 23 – List and label each of the Total Monthly Billed Amounts on separate lines.