



Texas Department of State Health Services

NEWBORN SCREENING BENEFITS
LOW PROTEIN FOODS
APPROVAL REQUEST FOR NEW ITEMS/PRICES

Contracted Provider: \_\_\_\_\_

Requester: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Requester Signature \_\_\_\_\_

Date \_\_\_\_\_

Table with 7 columns: Item Number, Description, Qty. Type, Protein, g, PHE, mg, Price, New Price. Contains 12 empty rows for data entry.

NBS BENEFITS ONLY:

APPROVED: [ ] YES [ ] NO

\_\_\_\_\_  
NBS Medical Director

\_\_\_\_\_  
Date

Send completed form to NBS Benefits
Fax: 512-776-7593 or E-mail: NBSBenefits@dshs.texas.gov
Questions? Call 512-776-2983 or 800-252-8023 ext. 2983