



Texas Department of State
Health Services

NEWBORN SCREENING BENEFITS Pharmacy/Medical Foods Provider Monthly Billing Report

Enter the total amount for all medical management 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: _____

MEDICATIONS: (Pharmacy Use Only)**

A. Total Whole sale cost of products	\$
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MEDICAL FOODS (Formulas):

B. Total whole sale cost of products	\$
C. 15% of whole sale cost	\$
D. Total amount for medical foods	\$

DIETARY SUPPLEMENTS:

E. Total whole sale cost of products	\$
F. 15% of whole sale cost	\$
G. Total amount for dietary supplements	\$

VITAMINS:

H. Total whole cost of products	\$
I. 15% of whole sale cost	\$
J. Total amount for vitamins	\$

K. Total cost of all products for the month (A + D + G + J)	\$
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L. Total shipping cost for the month	\$
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M. Total cost of all products + shipping (K + L)	\$
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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.