**FORM B-2: LABORATORY PROVIDER**

**Texas Department of State Health Services**

**Newborn Screening Program Benefits Program**

**Open Enrollment Application, Enrollment HHS0014639**

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| **Eligibility Requirements***Check the box below for the laboratory provider who will provide or assure the provision of services and provide a copy of CLIA certification with open enrollment application.* |
| [ ]  Applicant is certified according to the Clinical Laboratory Improvement Amendments (CLIA); and must provide a copy of CLIA Certification |
| **Required Information***Enter the name, phone, fax and e-mail address, and CLIA certification number of each laboratory provider who will provide or assure the provision of services. Add pages as needed.* |
| Name: | Name: |
| Phone: | Phone: |
| Fax: | Fax: |
| E-mail: | E-mail: |
| CLIA Certification #: | CLIA Certification #: |
| **Newborn Screening Program Benefits Program Assurances**As the duly authorized representative of the applicant, I certify that the applicant agrees to comply with the requirements and intent of the Newborn Screening Program Benefits Program Open Enrollment and all other requirements of the Texas Department of State Health Services (DSHS) which include, but are not limited to, the following: |
| Applicant must have the capacity to conduct confirmatory testing and follow-up testing for individuals identified through the Texas Newborn Screening Program as being at risk for a hereditary metabolic, endocrine, hematologic, pulmonology, immunologic disorders or condition approved by the Newborn Screening Program Medical Director. |
| Applicant shall comply with the requirements in the Newborn Screening Program Benefits Contractor Procedures Manual. |
| Applicant shall comply with the laboratory procedures requirements as outlined in Section III: Allowable NBS Benefits of the Newborn Screening Program Benefits Contractor Procedures Manual. |
| Applicant shall comply with the billing and non-reimbursable expenditures requirements as outlined in Section IV: Billing of the Newborn Screening Benefits Program Contractor Procedures Manual.  |
| **Signature** | **Print Name** | **Date** |
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