**FORM B-4: LOW PROTEIN FOODS 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 low protein foods provider who will provide or assure the provision of services and provide a copy of Tax ID and license/permit (if appropriate).* |
| [ ]  Applicant must provide below their Tax ID Number and their License/Permit Number (if appropriate) [ ]  Must be a manufacturer or retailer of low protein foods[ ]  Applicant must attach a catalog of low protein food products (if applicable) |
| **Required Information***Enter the name, phone, fax and e-mail address, and license number of each low protein foods provider who will provide or assure the provision of services. Add pages as needed.* |
| Name: | Name: |
| Phone: | Phone: |
| Fax: | Fax: |
| E-mail: | E-mail: |
| Tax ID or License/Permit #: | Tax ID or License/Permit #: |
| **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 shall ensure items are shipped to the client within 24 hours of receiving the order from the client. If problems arise with this time frame, the applicant shall notify the physician specialist providing services on behalf of the Entity, client, and the NBS Program Benefits Program of the delay, the reason for the delay, and the estimated time the item will be shipped.  |
| Applicant shall comply with the requirements in the Newborn Screening Program Benefits Contractor Procedures Manual. |
| Applicant shall ensure that products provided to clients and billed to the Newborn Screening Program Benefits Program are listed in the pre-approved Texas Newborn Screening Program Benefits catalog.  |
| Applicant shall comply with the low protein foods requirements as outlined in Section III: Allowable NBS Benefits in the Newborn Screening Program Benefits Contractor Procedures Manual.  |
| Applicant shall ensure that with each order clients are informed of the number of refills available for each item and the date of expiration of services so that the client is reminded of the need to submit a renewal application to the physician specialist to continue to receive Newborn Screening Program Benefits.  |
| Applicant shall comply with the billing requirements and non-reimbursable expenditures as outlined in Section IV: Billing in the Newborn Screening Program Benefits Contractor Procedures Manual. |
| **Signature** | **Print Name** | **Date** |
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