



**NEWBORN SCREENING BENEFITS
Low Protein Foods
Monthly Billing Report**

**Texas Department of State
Health Services**

List below each NBS Benefits client served, the cost of low protein food products delivered, the cost of shipping and the total of both amounts. Attach this document to the [State of Texas Purchase Voucher \(Form B-13\)](#)

Vendor Name: _____

Month and Year: _____

NBS Benefits Client Name	Monthly Wholesale Cost of Products	Monthly Cost of Shipping	Total Cost for the Month
Total Monthly	\$	\$	\$
15% of Wholesale Cost			\$
Total Amount Billed			\$

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.