



## Outpatient Check List

### Obtain and complete medical-need paperwork.

To apply for medical-need outpatient milk, please call **817-810-0071** to obtain, complete and return required paperwork.

### Fax the following medical information to 817-810-9704.

\_\_\_\_\_ 1. Signed and dated prescription from your child's provider that includes the following:

- Estimated amount in ounces or ml to be dispensed per day or per week
- Timeframe of prescription (Medicaid prescriptions are to be renewed every 180 days.)

\_\_\_\_\_ 2. Letter of medical necessity written by your child's provider on office stationery with the following information:

- Pertinent medical history
- Diagnosis/diagnoses
- Records that document what artificial breastmilk substitutes have been tried and the results of those feeding trials (Clinical feeding trials should occur as appropriate in order to begin the process of weaning the baby to other sources of nutrition as tolerated).

\_\_\_\_\_ 3. Any additional information supporting medical need (growth charts, medical records, etc.)

The physician should complete, sign and date all forms. Note that the dates of service are for 180 days. One copy should be kept in your child's office chart and a copy should be faxed or mailed to MMBNT.