VITAMIN/IRON ORDER FORM

Please forward orders to:

Office of Maternal, Child and Family Health
MATERIALS MANAGEMENT OFFICE
900 Bullitt Street
Charleston, West Virginia 25301
(304) 558-3417 TOLL FREE: 1-800-642-8522
FAX: (304) 558-1524

ATTENTION

Orders are shipped via UPS. **Street address is required.**

ALLOW NO LESS THAN A 2 WEEK LEAD TIME FOR PROCESSING AND DELIVERY OF YOUR ORDER.

For inventory maintenance purposes, all orders must be submitted on form OMCFH/RFTS/101. **NO EXCEPTIONS**.

Provider Name: _____ Provider Number: 5050_____

Street Address: _____

_____

Contact Person: _____ Telephone: _____

Date: _____ RFTS/101 Vitamin Request Forms: _____ (Amount Requested)

CODE	ITEM	AMOUNT PER CASE	CASES ON HAND	CASES ORDERED	QUANTITY APPROVED
M100	Prenatal Vitamins w/ Folic Acid	12 bottles/case 100 tablets/bottle			
M150	Prenatal Iron	12 bottles/case 100 tablets/bottle			

NOTE: We reserve the right to alter your request based on current inventory.

Requested by: _____ Approved by: _____
(Physician/Provider) (OMCFH)

Please check expiration date on vitamins presently in stock. We recommend vitamin and iron supplies be rotated with attention to the date of expiration. Expired vitamins and iron tablets should be returned to the Materials Management Warehouse.

The Medicaid Program Regulation MA-91-07, issued July 1, 1991, allows coverage for the purchase of non-prescription prenatal vitamins and ferrous sulfate, gluconate, and fumarate. Under this allowance, a recipient of WV Medicaid may receive vitamins and/or iron tablets from a pharmacy with a written prescription from their physician/provider.

The Perinatal Programs policy for the distribution of vitamins and iron tablets is as follows:

Give one bottle at the time of positive pregnancy determination or first OB visit to:

1) Minors (19 years of age and under);
2) Non-citizens;
3) Clients whom have not yet applied for or have not yet been approved for, Medicaid; and
4) Clients denied Medicaid and not yet approved for Maternity Services.

As soon as a patient is enrolled in: **Medicaid** - provide her with a prescription for future vitamin/iron tablets.
OMCFH - provide her with two (2) additional bottles of vitamins, totaling 3 bottles.

PLEASE RESERVE MATERNITY SERVICES SUPPLIES FOR THE ABOVE LISTED CATEGORIES OF OB PATIENTS ONLY!