

Appendix 7 – Ordering a Newborn Screening Fee

Effective **October 1, 2019 to September 30, 2020**, the fee for a newborn screening card is **\$135.29**. The fee under conditions of financial hardship. Use this signed form when ordering a fee-waived NBS card for a homebirth.

Income Eligibility Guidelines (Effective from July 1, 2019 to June 30, 2020)					
Michigan gross income at or below					
Household Size	Annually	Monthly	Twice Monthly	Bi-Weekly	Weekly
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
9	88,523	7,377	3,689	3,405	1,703
Each add'l family member add	+ \$8,177	+ \$682	+ \$341	+ \$315	+ \$158

My family is eligible for a waiver of the newborn screening fee for **ONE of the following reasons**:

I am the expectant mother and receive full Medicaid, # _____

Enter 8 or 10-digit State I.D. number, not 9-digit Medicaid health plan number

The cost of the fee-waived card, **\$135.29**, would be a financial hardship for my family. (See *WIC income guidelines above for reference. You may also consider any anticipated financial changes that will occur after the birth, seasonal employment, etc. Household size includes parent(s), children, and the pregnancy.*)

By signing this form, I affirm that the information is accurate and complete to the best of my ability.
I understand that I may need to show proof of this information.

Print mother's name

Signature

Date

Mail card to: Mother Midwife

Mother Name: Address: Email: Phone: Mother's due date: Mother's date of birth:	Midwife Name: Address: Phone:
Questions? Call Valerie Ewald MDHHS, 517-335-1400 Toll-free 866-673-9939	Complete online with link available at: www.michigan.gov/nbsorders Fax completed waiver to: 517-335-9419 Mail completed waiver to: MDHHS - Newborn Screening 333 S. Grand Ave., 2 nd fl. P.O. Box 30195 Lansing, MI 48909

Form Waived Fee NBS
