

FORM 213 11/05/2018



Medical Documentation
WIC-Eligible Nutritionals and Therapeutic Formula

WIC Clinic:
Fax #:
WIC ID #:

Medicaid is the first payer for therapeutic formulas and nutritionals. Per Medicaid, at this time they will only cover formula for life-threatening diagnoses. If WIC is covering the formula, please complete THIS FORM for WIC authorization and return the completed form to the patient's WIC clinic.

SECTION I — TO BE COMPLETED FOR ALL ORDERS

PATIENT (First/MI/Last): _____ DOB: _____

PARENT/CAREGIVER (First/MI/Last): _____

SECTION II ALTERNATIVE 19 CALORIE/OUNCE INFANT FORMULAS

PROVIDE: Similac Total Comfort Similac Spit Up Similac Sensitive

REASON: Formula intolerance as evidenced by: _____

DURATION: _____ month(s) (max 12 months) AMOUNT: _____ oz/day Max allowed WIC staff to decide amount

SECTION III THERAPEUTIC FORMULA/NUTRITIONALS

This documentation is federally required to ensure the patient under your care has a medical condition/diagnosis that dictates the use of therapeutic formula/nutritionals or requires changes to the WIC supplemental food package.

Section A: Must be completed by a healthcare provider.

Section B: The health care provider can select a WIC Registered Dietitian (RD). If selected, the WIC RD will determine the appropriate issuance, prescribed amount and length of time required for WIC foods based on the patient's qualifying condition(s).

Supplemental foods, amount and length of need to be determined per WIC RD.

A) Therapeutic Formula/Nutritionals:	B) WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.			
Product Name: _____		WIC Foods	Category	Restrictions / Comments
Dx: _____	Infants (6-12 mos)	Baby cereal		
Duration: _____ months (maximum 12 mos)		Baby fruit/vegetable		
Amount: _____ oz/day	Children (1-5 yrs)	Cow's milk		
<input type="checkbox"/> Prematurity <input type="checkbox"/> GERD or reflux		Cheese		
<input type="checkbox"/> Failure to thrive <input type="checkbox"/> Food allergy: _____		Eggs		
<input type="checkbox"/> Dysphagia <input type="checkbox"/> Other: _____		Peanut butter		
Special instructions/comments: _____		Whole grains		
This prescription is: <input type="checkbox"/> new <input type="checkbox"/> refill		Cereal		
		Beans		
	Vegetables / fruits			
	Juice			

Health Provider's Name (please print) _____ Location _____ Phone: _____
Fax: _____

Health Care Provider's Signature _____
X _____ MD DO PA NP Date: _____

WIC USE ONLY RD review: _____ Date: _____

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- Medicaid is the first payer for life-threatening diagnoses.
- Participants should contact the medical supply company to order product.
- For assistance, participants should contact Medicaid directly and/or their healthcare provider.

- MDF is no longer required for children to receive soy.
- Soy for children is per WIC RD approval.

- Must have a qualifying condition (See IWPPM Ch. 7, Section B).
- A healthcare provider is required to determine therapeutic formula and nutritionals.

- MDF form is needed to issue exempt formulas or nutritionals:
 - When an infant turns 6 months old.
 - Every 12 months for children or women.
 - If there is a change in the product or amount (IWPPM Ch. 7, Section B).

- Section II can be reviewed by any WIC Staff member (a WIC RD does not have to review).
- Assign Food Package 3 to participant.

- If box is selected to determine supplemental foods and length of need per WIC RD, the WIC RD will complete Section B (See IWPPM Ch. 7, Section B).

- The WIC RD may take a verbal to issue a food package and avoid a return visit for the participant.
- Staff must collect the signed MDF within 1-2 weeks from the healthcare provider (IWPPM Ch. 7, Section B).