TO: MaineCare (Change Health Services) PA Team

FROM: WIC Staff Member

Local Agency WIC Program

 FAX: (207) XXX-XXXX

DATE: xx/xx/xxxx

SUBJECT: Medical Formula Prescription

PAGES: x

This is to inform you that we have received the following prescription request:

|  |  |
| --- | --- |
| **Name of patient** | Participant Name |
| **MaineCare number** | XXXXXXXXA |
| **Prescribed formula** | **Name of Formula** |
| **Prescribed amount**  |  **X** cans/month  |
|  |
| **Action taken by WIC Program** |
| **Formula provided to patient** | Name of formula |
| **Number of units/ unit packaging (cans, bottles, nursettes)** | x cans provided to patient for period Date X oz. cans, X cans/case |
| **Form of formula (powder, concentrate, ready to feed)** | Form of formula |
| **NDC number** | XXXXX-XXXX-XX |
| **Date patient will need formula from pharmacy** | XX/XX/XXXX |
|  |
| **This PA form has been faxed to:** |
| **GHS PA Team** | 888-879-6938 |

**Comments**: Must include why formula is to be covered by MaineCare

Please contact me at XXX-XXXX if you have any questions about this prescription.