



## Pennsylvania Division of Newborn Screening and Genetics (DNSG) Dried Blood Spot Screening Waiver Form

With the implementation of Act 133 of 2020, effective date May 24<sup>th</sup>, 2021, screening for the conditions previously listed on the supplemental screening panel are now required for all babies born in the commonwealth. Clients of PA birthing hospitals, home birth midwives and free-standing birth centers may utilize the DNSG’s waiver form to cover the cost of screening for these conditions if a financial hardship is identified. To be eligible to receive a waiver, the submitter must review federally established poverty guidelines with their client and complete the information on this form in its entirety. Submitter/Provider must also attest that the Provider shall seek and collect payment from all third-party payers who may be legally obligated to pay for newborn screening, including but not limited to insurers or Medicaid. The Provider agrees that payment collected from third party payers constitutes payment in full, and the Provider shall not submit this waiver request for the purpose of reducing the payment due from third party payers. I acknowledge that I have read this document, or it has been read to me. I understand that my signature means I have reviewed the federal poverty guidelines and am eligible for said waiver. **The submitter must send the completed waiver form to Revvity Omics with the initial PA filter paper to be eligible for the waiver.**

### Federal Poverty Guidelines

| PERSONS IN FAMILY/HOUSEHOLD   | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|---|----------|----------|----------|----------|----------|----------|----------|----------|
| POVERTY GUIDELINE   | \$15,060 | \$20,440 | \$25,820 | \$31,200 | \$36,580 | \$41,960 | \$47,340 | \$52,720 |
| *For household/families with more than 8 persons, add \$5,380 for each additional person. Exclude one hundred percent of a veteran’s service-connected disability benefit; and provide for that exclusion to extend to an unmarried surviving spouse upon the death of a veteran for any benefit the unmarried surviving spouse is entitled to receive. |          |          |          |          |          |          |          |          |

|  |  |      |              |                  |          |
|--|--|------|--------------|------------------|----------|
| Parent/Guardian Signature                  |  |      | Printed Name |                  |          |
| Relationship to Baby                       |  | Date |              | Telephone Number |          |
| Name of Baby (First, Middle, Last)         |  |      |              | Date of Birth    |          |
| Parent/Guardian Mailing Address            |  | City |              | State            | ZIP Code |
| Submitter Practice Name and Submitter Code |  |      |              |                  |          |
| DBS Filter Paper Number(s)                 |  |      |              |                  |          |
| Submitter Signature                        |  |      |              |                  |          |

Please return the completed form along with the newborn screening specimen to:  
 Revvity Omics  
 250 Industry Drive  
 Pittsburgh, PA 15275

