



**JSAS HealthCare, Inc.**

*"Working Together To Make Life Better"*

## METHADONE TRANSFER CHECKLIST

### PLEASE FAX ALL THE FOLLOWING

JSAS HealthCare, Inc.

Attn: Talese White

Fax: 732-988-2572

Patient Name \_\_\_\_\_

### DEMOGRAPHIC INFORMATION NEEDED

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Description of Patient \_\_\_\_\_

\_\_\_\_\_

### THE FOLLOWING MUST BE PROVIDED PRIOR TO INTAKE APPOINTMENT BEING SCHEDULED

#### Copies of:

- ◆ Physician's orders
- ◆ Recent labs
- ◆ TB Results
- ◆ Previous 6 weeks of toxicology results
- ◆ Verification of any prescription for CDS (benzodiazepines, opioids, etc)

#### Verification of one year opioid addiction (documentation of one or more of the following):

- ◆ Treatment of opiate addiction
- ◆ Visible, old track marks
- ◆ Prior arrest for heroin or other opioids
- ◆ Other medical records indicating opioid addiction
- ◆ Other

### PLEASE NOTE THE FOLLOWING

If patient arrives here "under the influence" the arrangements will be terminated and the patient will have to return to the home clinic.

All records will be reviewed to determine if the patient is eligible for acceptance onto our program. Please do not discharge your patient from your facility until you confirm his/her transfer to this facility.

### FUNDING SOURCES

New Jersey Department of Health, Division of Mental Health and Addiction Services - Fee For Service Initiatives

NJ Medicaid and NJ Family Care

NJ Work First Substance Abuse Initiative

Other funding sources will be discussed on an individual basis