



Referral to TeleWell Indian Health Program MAT Project for TeleHeath

(Please Print)

Referring IHP: _____ Provider: _____

Patient's Full Legal Name: _____ Date of Birth: _____

Social Security Number: _____

Patient's Home Address: _____

(If Inpatient, please provide the address the patient will use after discharge)

Patient Phone: _____ May we leave a message? YES _____ NO _____

(If Inpatient, please provide the phone number the patient will use after discharge)

Email Address: _____

(If Inpatient, please provide the email address the patient will use after discharge)

Patient's Next of Kin/Emergency Contact *(This field must be completed)*

Name: _____ Relationship to Patient: _____

Address: _____ Phone: _____

May we leave a message? YES _____ NO _____

Referral For TeleHealth Based Services (Please Check All That Apply):

- Medication Assisted Treatment for Opioid Use Disorder (OUD)
- Stimulant Use Disorder (StUD) Treatment
- Co-occurring Disorder (COD) Treatment

Please provide a brief narrative of patient's needs and pertinent information:

Please attach a medication list, the most recent labs including UDS and any other pertinent medical history.

FAX to (844)-880-6589
Attention: TeleHealth Coordinator



Statement of Non-Availability of MAT Services (Including Stimulant Use Disorder)

Patient Name: _____

DOB: _____

Third-party Insurer

- Managed Medi-Cal
- Fee-for-service Medi-Cal
- Medicare
- Other Federal (VA, Tricare)
- Commercial
- IHS only

I certify that the services indicated below are medically necessary and not practically available to this patient by their third-party insurer due to:

- Lack of adequate services in the community*
- Lack of ready and reliable transportation to the nearest provider*
- Other anticipated barrier to care that would make utilization of existing service untenable (e.g. mobility issues, complex medical issues, etc)*

Please explain: _____

Services: (Please Check All That Apply)

- Telehealth-based Medication-Assisted Treatment Services for Opioid Use Disorder**
- Telehealth-based Addiction Psychiatry Services for Stimulant Use Disorder**
- Telehealth-based Addiction Psychiatry Services for Opioid Use Disorder and/or Stimulant Use Disorder with Co-Occurring Mental Health Conditions**
- Spirit Of Healing Virtual Red Road Recovery Meetings**

Provider name or designated admin official name: _____

Signature: _____

Date: _____