



Medication Assisted Treatment (MAT) Provider Locator Map

Please complete the following fields and submit to Beacon Health Options via fax or email listed below.

Provider Type:
Reason for submission:

Provider Name:

Facility/Group Name:

Address:

City:

State:

Zip:

Client Phone:

of Prescribers (if known):

Lower Level of Care

Residential

Level of Care:

- | | | | |
|------------------------------|---|---|---|
| <input type="checkbox"/> OTP | <input type="checkbox"/> MET Clinic | <input type="checkbox"/> Freestanding | <input type="checkbox"/> Intermediate |
| <input type="checkbox"/> IOP | <input type="checkbox"/> Walk-In Center | <input type="checkbox"/> Halfway House | <input type="checkbox"/> Intensive |
| <input type="checkbox"/> PHP | <input type="checkbox"/> PHP w/Housing | <input type="checkbox"/> Long-Term | <input type="checkbox"/> Intensive Co-Occurring |
| | | <input type="checkbox"/> Women & Children | |

Serving:

(please select at least one for each row)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Youth (12-17) | <input type="checkbox"/> Young Adult (18-26) |
| <input type="checkbox"/> Men | <input type="checkbox"/> Women | |
| <input type="checkbox"/> HUSKY A & B | <input type="checkbox"/> HUSKY C | <input type="checkbox"/> HUSKY D |

Medications:

- | | | |
|--|---|--|
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Buprenorphine (Suboxone) | <input type="checkbox"/> Naltrexone (Vivitrol) |
| <input type="checkbox"/> Disulfuram (Antabuse) | <input type="checkbox"/> Acamprosate (Campral) | |

Public Transport:

- Yes No Handicap Accessible: Yes No

Hours of Operation:

Additional Notes:

To Be Completed By the Provider:

Please put the contact information of the person completing this form below. This information will only be used by CT BHP staff and won't be shared.

Contact Name:

Contact Phone:

Email:

*All updates to facility/practice information listed on the CT BHP MAT Locator Map is the responsibility of the provider. Please submit this form for any updated information.

**Performing providers with facilities and/or group practices may not be listed on the MAT Locator Map. The facility/practice name will be listed.

Beacon Contact

877-552-8247
(Options 1, 3, 7)



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