



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"/> Injectable Naltrexone (Vivitrol)
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Public Transport: Yes No **Handicap Accessible:** Yes No

Hours of Operation:

Additional Notes:

Beacon Use Only
Completed by Provider. Information below will not be distributed to clients/members.

Contact Name:

Contact Phone:

Email:

*All updates to facility/practice information listed on the CTBHP 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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