



Opioid Treatment Program – Guest Dosing Request Form

To be completed by the home clinic no later than 72 hours prior to initial guest dose.

Select Location:

- Elmira OTP/Outpatient: 911 Stowell St, Elmira NY, 14901
 - Phone: 607-737-5215
 - Fax: 607-737-5219
 - Email: otpclinicaelmira@casa-trinity.org
- Olean OTP/Outpatient: 201 S Union St, Olean, NY, 14760
 - Phone: 716-373-4303
 - Fax: 716-373-4327
 - Email: otpclinicalolean@casa-trinity.org
- Hornell OTP/Outpatient: 86 River St, Hornell, NY 14843
 - Phone: 607-282-5201
 - Fax: 607-324-1268
 - Email: otpclinicalhornell@casa-trinity.org
- If client is being referred to one of CASA’s bedded programs, please send form to otpbedded@casa-trinity.org.

Referral Date: _____ Guest Dosing Dates: _____

Client Name: _____ DOB: _____ SSN: _____

Address: _____

Phone Number: _____ Gender: _____

Home Clinic: _____ Clinic Address: _____

OTP Contact/Counselor: _____ Clinic Phone #: _____

Reason for Guest Dosing: _____

Dosing Schedule: _____

Methadone Dose: _____

Additional Information (e.g. behavioral concerns): _____

Please fax or email this form along with the following documentation to the location selected above:

- Active methadone order w/ Dr signature
- Substance use disorder diagnosis
- Current medication list
- Dosing history (past three months)
- Most recent EKG and lab work
- Last toxicology result
- Signed consent
- Signed guest dosing agreement

Please note:

- Dosing hours are Monday-Saturday 6:30AM-10:30AM (Must be in the building and checked in by 10:25am)
- Bring a photo ID
- Self-Pay: \$10 per dose
- CASA-Trinity can bill your insurance for guest dosing. If you would like CASA-Trinity to do this, please provide:
 - Insurance Name: _____
 - Insurance ID: _____
 - **Please be aware that even if CASA-Trinity bills your insurance company, that does not mean they will pay (ex: insurance is out of network with CASA-Trinity). If your insurance does not pay, you will receive a bill at the rate of \$10 per dose.**

Guest Dosing Agreement

By signing this document, I agree that I have read, understand, have been given an opportunity to ask questions, and agree to follow the conditions listed below as a guest receiving methadone at CASA-Trinity. I was given a copy of these expectations.

1. I understand that if I am receiving any take-home doses, I must bring a lockbox to safely transport and store the medication.
2. I understand that dosing hours are Monday-Saturday from 6:30am to 10:30am and that I must arrive at the facility no later than 10:15am.
3. I understand that I must provide a photo ID for staff to verify my identity.
4. I agree to treat staff and other patients with respect.
5. I agree to be appropriate while at the clinic. This includes not participating in the following behaviors: committing crimes on CASA-Trinity ground, harassment or bullying, loitering, arriving under the influence of drugs or alcohol, exchanging or passing any items (money, drugs, cigarettes, etc.), or diverting medication.
6. I understand the financial responsibility of \$10 per dose. If I choose to have CASA-Trinity bill my insurance and my insurance does not pay, I understand I will be responsible and will receive a bill of \$10 per dose.

Client Signature

Date