Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

Department of Health and Human Services
MaineCare Services, Pharmacy Unit
442 Civic Center Drive
11 State House Station
Augusta, Maine 04333-0011
Toll Free (866) 796-2463; Fax: (207) 287-8601
TTY Users: Dial 711 (Maine Relay)

NARCOTIC PRESCRIBER PLAN

REFERRAL FORM

Patient Name: _____ ProviderName:_____

MaineCare ID #: _____ Provider ID#: _____

Provider DEA #: _____

Reason for referral:

- ❑ Concerned by and/or unaware of narcotic co-prescribers
- ❑ Desire for narcotic analgesia appears out of proportion to presenting symptoms and exam
- ❑ Frequent visits for various subjective complaints resulting in increased narcotics utilization
- ❑ Frequent lost, stolen, or destroyed prescriptions
- ❑ Frequent requests for early refills
- ❑ Other – please explain (i.e. altered prescriptions, failed Urine Drug Test, etc.)

  _____
  _____

- Have you discussed these issues with the patients? Yes ☐ No ☐
- Do you consider yourself this person's primary care provider? Yes ☐ No ☐
- Are you willing to be the designated narcotic prescriber? Yes ☐ No ☐

Signature: _____ Date: _____

Please return to: Change Healthcare
P.O. Box 1090
Augusta, Maine 04332-0708
Change Healthcare Fax to: at 430-4646
If you have any questions please call Change Healthcare at:
1-800-561-6707 or 207-622-1126 or TTY: 207-622-3210