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GOVERNOR

Maine Department of Health and Human Services  
MaineCare Services  
Pharmacy Unit  
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Augusta, Maine 04333-0011

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ACTING COMMISSIONER

## NARCOTIC PRESCRIBER PLAN REFERRAL FORM

Patient Name: \_\_\_\_\_ Provider Name: \_\_\_\_\_

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  
Fax to Change Healthcare 1-800-408-1088  
If you have any questions, please call Change Healthcare at:  
1-800-561-6707 or 207-622-1126 or TTY: 207-622-3210

