UHSH, Inc. Southern Tier Drug Abuse Treatment Center
33 Mitchell Ave – Ground Floor, Suite G50
Binghamton, New York 13903

REQUIREMENTS FOR GUEST DOSING

1. We require one week advanced notice. Cases of emergency (death, bad weather, etc.) will be considered on an individual basis.
2. To request guest dosing, the patient's home clinic should fax:
    - signed consent for release of information
    - completed UHS guest dosing request form
    - demographics sheet
    - printed results from last 3 urine drug screens
    - active medication list – any benzodiazepine medication MUST be prescribed by a psychiatric or neurologic provider, unless otherwise approved by our medical director.
3. Upon approval, nursing staff will contact the sending clinic to confirm the patient's last administered dose prior to guest dosing.
4. In order to be guest dosed, patients must bring with them:
    - Photo ID
    - Cash payment in the exact dollar amount. We do not keep cash on hand to make change. There is an ATM located at a nearby gas station. (We can bill active NYS Medicaid.)
5. Patients may be guest dosed for periods of up to two weeks.
6. We reserve the right to obtain observed urine drug screens on all guest dosing patients and to withhold dose from any guest dosing patient that appears to be impaired or under the influence.

PLEASE NOTE OUR CLINIC HOURS AND PRICES BELOW

Prices

First day is $49.00 - this includes a state fee. Each dose after that is $10.00.

Hours

Monday-Friday:	7:30 – 11:00 AM
	12:15 – 1:15 PM
Saturday and Sunday:	7:00 – 9:00 AM

COMMENTS:_____

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Request to guest dose with:

UHSH, Inc. Southern Tier Drug Abuse Treatment Center
33 Mitchell Ave - Ground Floor, Suite G50
Binghamton, New York 13903
Phone- (607) 762-2800 Fax- (607) 762-2028

Patient Name_____

Address_____

Phone_____

SS#_____

D.O.B._____

Patient's home clinic_____

Address_____

Phone_____

Contact person_____

Dates patient was admitted to home clinic_____

Requested dates of guest dosing_____

Date of return to home clinic_____

Reason for guest dosing_____

Current dose_____

Is the patient tapering?_____

Clinic visit schedule (take home frequency)_____

Urine drug screens (last 3 – please attach printed results)_____

Active home medications_____

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