

OPIOID PARTIAL AGONIST medication- Office FAQs

(Medications like but not limited to: Suboxone, buprenorphine, Bunavail, Zubsolv)

- **Prior to beginning** treatment I will voluntarily sign and agree to all items set forth in the [OPIOID PARTIAL AGONIST contract](#)
- An estimated payment is due **at time of service** by cash, check, money order, Visa, MasterCard, Discover, or American Express. Depending on the level of service provided there may be an additional fee that is patient responsibility to pay within 30 days of receipt of your statement.
- Once medication induction is started patient will be required to set up 2 additional consecutive office appointments. Each appointment will require an estimated payment at the time of service.
- All follow up appointments will require me to be seen at a maximum of every 2-4 weeks but may be more frequent based on clinical judgment.
- All requests for prescription refills must be made 48 business hours in advance.
- Medication refills are only addressed during office hours.
- I agree to provide urine samples and have my provider test my blood alcohol level at any time they request and **at my own expense**. If I am unable to pay for these services from an outside lab, OPIOID PARTIAL AGONIST medication will be discontinued