

Questionnaire: Substance Use Treatment Follow Up

Follow Up Profile

1. *Follow Up Type*

(Please select one.)

- Opioid Replacement Therapy (Annual)
- Other

2. *Original Admission Date*

3. *Health Insurance*

(Please select one.)

- Private Insurance
- Blue Cross/Blue Shield
- Medicare
- MaineCare (Medicaid)
- Health Maintenance Organization (HMO)
- Other (e.g. TRICARE)
- None
- Unknown
- Not collected

4. *Payment Source*

(Please select one.)

- DHSS - Office of Behavioral Health
- DHSS - Child/Adult Protective
- DHSS - Other
- Self-Pay
- Corrections
- MaineCare (Medicaid)
- Medicare
- Other Government payments
- Veteran's Administration
- Worker's Compensation
- Blue Cross/Blue Shield
- Other Private Health Insurance
- Other

- None
- Not Collected

5. *Follow Up Date*
