



Referral/Request for Appointment

Date:	
Name of Referring Entity:	
Address:	
Contact Person:	
Phone Number:	
Extension:	
Fax Number:	
Email Address:	

Patient Name:				
Date of Birth:				
Social Security Number:				
Address:				
Home Phone Number:				
Cell Phone Number:				
Gender:				
Insurance Company:				
Insurance ID Number:				
Subscriber Name if Different from Above:				
Subscriber Relationship to Patient:				
Request for Rapid Access to Medication Assisted Treatment:	Yes	No	Suboxone	Vivitrol
Current Prescription Date (if applicable):				
Refill Due Date (if applicable):				
Request for Peer services:	Yes	No		
Request for Health Home services:	Yes	No		
Location Preference for Treatment:	Binghamton	Endicott	Norwich	

Please return by secure email to referral@acbcservices.org or to the preferred location listed below If the patient's scheduled discharge is within 24 hours of this request, please call the office at 607-723-7308

30 West State Street
Binghamton, NY 13901
P: 607-723-7308
F: 607-724-4626

306 East Main Street
Endicott, NY 13760
P: 607-205-1396
F: 607-239-4115

103 Leilani Lane, Suite A
Norwich, NY 13815
P: 607-304-5501
F: 607-373-3864