

**CALVERT COUNTY HEALTH DEPARTMENT  
LOCAL BEHAVIORAL HEALTH AUTHORITY (LBHA)**

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Prince Frederick, Maryland 20678

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State of Maryland

**Buprenorphine Initiative Funding Request Form**

**Submit Request to Calvert County LBHA**

The purpose of these funds is to help increase access to effective treatment for Opioid Use Disorders within Calvert County. Funds may be utilized to:

- Purchase Buprenorphine medication for uninsured or underinsured individuals

**Please attach receipt and/or invoice to this request form.**

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Date: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

DEA Registration Number: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Justification for needed funds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_

Print Name

Signature

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone Number

Pharmacy: \_\_\_\_\_ Pharmacy Phone Number: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Name of Pharmacy Representative: \_\_\_\_\_

Consumer's Name: \_\_\_\_\_

First Name

MI

Last Name

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Account #: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Consumer Diagnosis: \_\_\_\_\_

Medication Purchased: \_\_\_\_\_ Qty: \_\_\_\_\_

-----**FOR LBHA USE ONLY**-----

Application Status:

APPROVED

DENIED

Reason for denial, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested amount: \_\_\_\_\_ Actual amount of reimbursement: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name & Signature)

Directors Signature: \_\_\_\_\_ Date: \_\_\_\_\_