



WEXFORD HEALTH SOLUTIONS, LLC

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Medication-Assisted Treatment (MAT) Patient Policy - 10/16/2024:

Welcome to Wexford Health Solutions.

We are dedicated to providing comprehensive, compassionate, and professional care of patients seeking Medication-Assisted Treatment (MAT) for Opioid Use Disorder. This document outlines our policies for this program to ensure that you receive safe and effective care while maintaining compliance with treatment protocols. Our goal is to support your recovery journey in the most safe and effective manner possible.

For Patients Established on MAT and Transitioning to Wexford Health Solutions -

If you are currently established on MAT and Wexford Health Solutions is taking over your care, the following protocols will apply:

- **Monthly Visit with Dr. Thaker (MD Visit)**

You are required to meet with Dr. Thaker once a month. This appointment is essential for the ongoing management of your treatment and the issuance of your MAT prescription.

- **Monthly Visit with our Nurse (In-Between MD Visits)**

You will also meet with our Nurse for a separate visit each month, scheduled in between your MD visits. This appointment is mandatory for continued monitoring of your treatment plan, medication response, and overall well-being.

- **Urine Drug Testing**

As part of our compliance measures, random or scheduled urine drug testing will be requested during your treatment. This helps ensure the safe use of medication and adherence to your treatment plan.

For Patients Newly Starting MAT at Wexford Health Solutions -

If you are new to MAT and are starting your journey with us, the following treatment plan will be applied:

- **Initial Assessment Visit with Nurse**

Your first appointment will be with our Nurse for a comprehensive assessment and the development of your individualized treatment plan.

- **Initial Medical Visit with Dr. Thaker**

After your assessment with our Nurse, you will have an initial consultation with Dr. Thaker to begin your medical treatment and ensure all aspects of your health are considered.

- **Induction Period**

During the induction phase of your treatment, our Nurse will closely monitor your response to the medication. Follow-up visits will be determined based on how well you are adjusting to the medication. This phase is crucial for your safety and treatment success.

- **Urine Drug Testing**

Urine drug testing will be conducted as requested throughout your treatment to ensure compliance and the appropriate use of MAT medications.

Once Stabilized on MAT -

Once your treatment is stable, the following schedule will be followed:

• **Monthly MD Visits with Dr. Thaker**

You are required to attend monthly visits with Dr. Thaker to receive your MAT prescription and review your treatment progress.

• **Monthly Visits with our Nurse (Between MD Visits)**

In addition to your monthly visit with Dr. Thaker, you will have a mandatory monthly appointment with our Nurse. This visit is not optional and is critical to maintaining continuity of care and ensuring the success of your treatment plan.

Compliance and Appointment Requirements -

Please note that monthly visits with our Nurse are mandatory. Failure to attend your scheduled appointments with our Nurse between your MD visits will result in no MAT prescription being sent. It is essential for both your safety and the effectiveness of the treatment that you adhere to the entire treatment schedule, including these intermediate visits.

Contact Information and Scheduling -

To schedule your visits or for any questions, please contact our office at:

Practice Email -

help@wexfordhealthsolutions.org

Practice Telephone -

(352)-718-5159

Acknowledgment of Policy -

By signing below, I acknowledge that I have fully read, understood, and agree to comply with the Wexford Health Solutions Medication-Assisted Treatment (MAT) patient policies outlined above. I understand that failure to comply with these policies, including attendance at required appointments, may result in discharge from the MAT program.

Patient Name: _____

Phone Number: _____

Email: _____

Patient Signature: _____

Date: _____

Signature example - *Example Signature*