



Focus Treatment Centers
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CONFIDENTIAL FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
TOTAL NO. OF PAGES INCLUDING COVER:	DATE:
FAX NUMBER:	RE:
PATIENT FIRST NAME:	PATIENT LAST NAME
PATIENT DOB:	PATIENT PHONE NUMBER:
PATIENT EMAIL:	INSURANCE COMPANY:
INSURANCE MEMBER ID #:	INSURANCE GROUP #:
INSURANCE SOCIAL SECURITY #:	PATIENT ADDRESS:

PLEASE CHECK THE TYPE OF REFERRAL BELOW:

Covered by Insurance:

RESIDENTIAL TREATMENT FOR EATING DISORDERS

- Anorexia
- Bulimia
- Binge Eating Disorder
- Other

RESIDENTIAL TREATMENT FOR SUBSTANCE USE DISORDERS

- Alcohol
- Opioids
- Cocaine
- Marijuana
- Amphetamine/
Methamphetamine
- Other

Covered by Insurance:

INTENSIVE OUTPATIENT TREATMENT FOR SUBSTANCE USE DISORDERS

- Alcohol
- Opioids
- Cocaine
- Marijuana
- Amphetamine/
Methamphetamine
- Other

Not Covered by Insurance:

NUTRITION COUNSELING

- Eating Disorder
- Disordered Eating
(over/under eating, emotional eating, over exercising, etc.)
- Medical Diagnosis
- Nutrition Guidance/Meal Planning
- Other