



NEW YORK
MATTERS
Medication for Addiction Treatment & Electronic Referrals

Data Collection for Pharmacies

Please complete this data collection form if you intend on participating in the New York MATTERS network in the future. If your hospital/treatment organization/pharmacy has multiple locations, please complete one form for each location.

Pharmacy Name _____

Address _____

Phone _____

Contact Name _____ Contact Title _____

Contact E-mail (company email preferred) _____

Address to send reimbursement checks to:

Additional comments/concerns:
