Prob. Form 45
Today's Date: 12/1/21

Initial

TREATMENT SERVICES CONTRACT PROGRAM PLAN

Client Identifying Information

Client:	Jittaphol, Aticha	PACTS #:	7669091
Address:	64 Brighton Avenue #311 Brighton MA 02134	Pretrial/Post Conviction:	Pretrial
Officer:	Curran, Maureen	Client Phone:	6178697865
Officer Phone:	617-655-2818	DOB:	01/15/1989

Provider Information

Provider:	Behavioral Health Network, Inc. (IP)	Procurement No:	0101-2021-IP3A
Provider Location:	Behavioral Health Network, Inc. (IP)	Effective Date:	12/01/2021
Attn:	Lorie Pastrana	Termination Date:	
Location Address:	417 Liberty Street Springfield MA 01104		
Phone:	(413) 333-9753		
Fax:	(413) 846-4806		

Authorized Services

Your agency is authorized to provide the following services beginning on the plan effective date indicated above. Any services provided outside of those listed below and/or outside the Effective and Termination Dates of the Plan will not be authorized for payment.

Services Ordered

Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copay Amount (per unit)
8010	Inpatient Detox-Medical Detox		7.0	Per Plan	$0.00
2001	Short-term Residential Treatment		14.0	Per Plan	$0.00
2002	Long-Term Residential Treatment		31.0	Monthly	$0.00

Instructions to Provider Regarding Client Needs and Goals of Treatment

/s/Maureen Curran
Officer: Curran, Maureen

/s/Christopher Foster
Referral Agent: : Foster, Christopher

/s/Aticha Jittaphol
Client: Jittaphol, Aticha