



STATE OF WEST VIRGINIA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Jim Justice  
Governor

Bureau for Behavioral Health & Health Facilities

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Cabinet Secretary

OBOT PROVIDER  
QUARTERLY REPORT

Name of Provider:  
Address:  
Phone #:  
Contact Person:  
Date Submitted:  
Quarter:  
Year:

Number Treated/Residency/Gender/Pregnancy/Medication:

Number of Patients Served This Quarter:

# of In-State Patients:      # of Out-of-State Patients:      #Pregnant Patients:

Discharge Information

Total Number of Patients Discharged from the Program:

Reason for Discharge

# Termination/Disqualification:

# Voluntary Withdrawal:

#Unexplained Reason:

Submit Report to: [James.A.Matney@wv.gov](mailto:James.A.Matney@wv.gov) (State Opioid Treatment Authority)