



Complete and fax this form to 1-844-247-4058 which will let us know whether or not:

1. LAI injection services are performed at your organization
2. You would like to have the “LAI Administrator” specialty added to your provider file and begin receiving referrals to provide this service

Long-Acting Injectable (LAI) Administrator Designation Form

I, _____, hereby attest that I am, or represent, an
(Name of Provider, Group, Facility or Representative)
 affiliated prescriber (physician, prescribing RN, or physician assistant) in the Optum network. I have reviewed the material on the LAI page on Provider Express > [LAI Administration](#) and wish to have the LAI Administrator specialization added to my provider file and accept referrals.

LAI Administrator
 Naltrexone/Sublocade Administrator

Date: _____

Not Applicable – My organization does not provide LAI services.

Printed Name of Provider/Group/Facility: _____

Tax Identification Number/EIN: _____

Provider/Practice Email Address: _____

Provider/Practice Secure Fax #: _____

Provider/Practice Phone #: _____

Authorized/Signature: _____

Printed Name of Authorized Signature: _____