



A Division of OnCall Healthcare

Top Rated Medication-assisted Treatment Program Welcoming New Patients

What is a Medication-assisted Treatment (MAT) Program?

OnCall Pain's MAT Program is for patients who have an addiction or dependence to opioids (including illegal drugs such as heroin) or are taking opiate pain medication & would like assistance getting off. Our MAT Program uses medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Our goal is to achieve a plan that gives our patients the best quality of life and allows them to be as active as possible while being monitored and followed in a comprehensive Medication-assisted Treatment program.

About Us

Your OnCall Pain team has been in business for over 12 years specializing in pain management. Re-imagined in 2018, OnCall Pain is the modernized version of a previous brick and mortar pain clinic. We combined technology with decades of experience and rethought what pain management should be...

Simple, accessible, professional and affordable.

Patient Benefits

- MAT works
- MAT is safe
- MAT is affordable
- Patients can visit with their provider from the comfort of their home
- Improved quality of life & overall well being

For Additional Information

Check out our website, follow us on social media or chat with our Support Staff.

Website: www.oncallpain.com

Facebook: www.facebook.com/OnCallPain

Instagram: www.instagram.com/OnCallPain

OnCall Pain

Arizona | Colorado | Idaho | Oregon | New Mexico | Washington

Call: 602-345-0647 | Text: 602-403-2110

Fax: 888-518-4950 | Email: pain@oncallhc.com

Visit us Online: www.oncallpain.com

Regular Business Hours: M-F 8am to 5pm MST



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Referral Form

If you have a patient(s) that you would like to refer for pain management or medication management, please fax the following information to (888) 518-4950:

Patient Name: _____

Date of Birth: _____

Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please fax a copy of the following:

- Patient's demographic and/or face sheet
- Last 3 or most recent visit notes
- History and physical
- Recent labs
- Any pertinent imaging

Referred by: _____

Medical Group: _____

Phone #: _____

Fax #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

We Appreciate Your Referral

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