

**Georgia Department of Division of Behavioral Health &
Development Disabilities
Division of Addictive Diseases.
DUI Intervention Program(DUIIP)**

**DUI Intervention Program
Two Peachtree Street NW.
22nd Floor
Atlanta , GA 30303
Phone: 404-657-6433
Fax: 404-657-6417**

Verification of Treatment Enrollment Requisition Form

Provider User ID

Requisition Date:

Facility Name:

Provider Name:

Address:

City:

Zip/Postal Code:

State/Province:

Average Monthly Usage

Requisitioner's Name:
(If different from Provider)

Signature of Requisitioner:

PLEASE MAIL THIS FORM TO THE ABOVE ADDRESS OR FAX TO 404-657-6417. PLEASE ALLOW FIVE BUSINESS DAYS FROM THE DATE OF YOUR REQUISITION TO RECEIVE YOUR SUPPLY OF FORMS.