

Providers and Employers have a new way to enroll tobacco users with Missouri Tobacco Quit Services.

1. Begin with the keyword search for your organization or Browse All.

Start a Referral

The Missouri Tobacco Quit Line provides tobacco cessation services at no charge to your Patients.

To refer a Patient, search for your Clinic/Facility by name, phone number or fax number:



-- OR --

Browse All

2. Once you've found the correct clinic, click on it.

If your clinic is not found, you can click on "Add a Clinic/Facility" and enter the required fields. It can take up to 24 hours for the new provider, clinic or employer to appear in the search results.

Search Results

Select your Clinic/Facility from the list below. Can't find it? [Add a Clinic/Facility](#)

ABBOTT AND ASSOCIATES

Phone: 314-647-0180 Fax: 314-647-1023

ACCESS FAMILY CARE

Phone: 417-847-0057 Fax: 417-847-0079

ACCESS FAMILY CARE

Phone: 417-451-9450 Fax: 417-451-9459

3. Confirm the information is correct and click Next.

Confirm Clinic/Facility Information

Name

BARNES JEWISH HOSPITAL

Phone Number

314-362-0765

Fax Number

314-362-7086

County of Clinic/Facility

☒ I certify I am HIPAA covered entity.

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Next

4. Complete the information fields.

Once all information is correctly placed, click Submit.

Once submitted, Missouri Tobacco Quit Services staff will reach out to the "tobacco user" within 48 hours

HIPPA covered entities will receive an outcome report via fax confirming enrollment status.

Patient Information

First Name of Person Making Referral *

Last Name of Person Making Referral *

Patient First Name *

may be used to message all state residents

☐ Yes

☐ No

Does the Patient have an alternate phone number?

☐ Yes

☐ No

☐ I provide services to the individual being referred, and certify that they have consented to be contacted by Missouri Tobacco Quit Line. By providing the individual's telephone number(s), they've agreed to receive from Missouri Tobacco Quit Line automated calls and pre-recorded messages at the telephone number(s) provided.

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Submit