

TheoryCare™ Enrollment Form

THEORY
W E L L N E S S

Please note – All patient records are maintained per Theory Wellness’s record keeping procedures, in full compliance with HIPPA and all other applicable regulations.

Patient Information

Patient ID Number: _____

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Enrollment Qualification

How do you qualify? (Initial the category)

*Supporting Documentation must be provided as noted below:

_____ MassHealth Member

(Must Bring “MassHealth Member Approval Notice” to Theory Wellness)

_____ Supplemental Security Income (“SSI”)

(Must bring recent SSI benefit statement to Theory Wellness. Statement must be dated within 60 days)

_____ Income Based Hardship

(In order to qualify your income must not exceed 300% of the federal poverty level, adjusted for family size. Bring in last year’s IRS Form 1040 to Theory Wellness)

By signing below, I attest that all information provided on this form is accurate.

Patient, Print Name

Signature

Dated

For Internal Use Only- Patients please do not fill out below

What form of verification was used for enrollment? _____

Has the discount been applied in BioTrack? Yes

I attest that this form is complete and that the patient’s enrollment in TheoryCare™ has been properly documented.

Agent, Print Name

Signature

Dated

Manager, Print Name

Signature

Dated