



9 Commons Street,
Rutland, VT 05701
(802) 779- 7522 Fax: (802)735-9662

ENROLLMENT and ACCESS TO MEMBERSHIP BILLING SOLUTION

Your Membership Billing and Payment communication will work primarily through electronic mail (email). Benefits include accurate, safe and secure storage of preferred bank account numbers (ACH) or credit card(s). We understand that some may not have access to email and we will continue to accommodate you in other ways.

Self-Enrollment: <https://truecarevermont.hint.com/signup> *our staff will confirm your membership*

If you cannot self-enroll our team will be happy to enroll you in our billing solutions program:

Patient Name: _____ Date of Birth: _____

We request your preferred and most appropriate email address to reach you. Please complete the below information as it best applies:

Email Address (print): _____

- I do not have email. I do not wish to use electronic communication for my Membership billing. Please bill me with a paper billing statement.**

Please RETURN this completed form at your earliest convenience.

Email to: Cassandra.elias@ohp.healthcare

Drop off or mail to:

TRUE CARE Vermont
ATTN: Cassandra Elias
9 COMMONS STREET
RUTLAND, VT 05701

Thank you for your prompt attention to this matter as we appreciate your time.