# The MARC at



Thank you for your interest in becoming a patient at The Medication Assisted Recovery Center (MARC) at Health Solutions. The MARC is set up to provide medication (e.g. Suboxone, Vivitrol), in support of your substance use recovery process. Should you be accepted into the program, we will work with you to help you successfully succeed in your recovery goals. If you are not accepted into the program, our healthcare team will work with you to identify alternative treatment options.

Please note, no appointments will be scheduled without your photo ID, insurance card/cards or number, and a completed application.

#### **Task Check List:**

- □ Return the completed packet to The Health Solutions Medication Assisted Recovery Center (MARC) 41 Montebello Rd., Suite 120;
- □ Complete all enrollment paperwork before being scheduled for an appointment; and
- ☐ Complete lab blood work after application is turned in and your history & physical/induction appointment is scheduled.

In order to begin medication the day of your history & physical/induction, please be 24-36 hours without opiates for Suboxone and 7 days without opiates for Vivitrol. If not, we will still be happy to see you for evaluation and medication planning.

## Open Access Hours are Monday - Friday 7 am to 2 pm

Orientation for the MARC program is required for all patients and will be completed before your appointment with the doctor.

Please understand and be prepared, as your history & physical/induction appointment can last up to 3 hours. You will also be asked to return for a 2 day follow up after starting your medication.

If you have any difficulties regarding the application process, or need assistance completing the application, we are here to help. Call: **719.423.1500** – and choose option 2. Or, you can stop by the MARC to ask questions or request help with an application. We're open Monday – Friday, 8:00am – 5:00pm at 41 Montebello Road, Suite 120 in Pueblo, CO.

Revised: 05/21/2025



## MARC PATIENT APPLICATION

Name:				Date	e of Birth:	
	First, Middle,	and Last Name	<b>!</b>			
<u>Insurance</u>	<u>Information</u>	<u>  <b>:</b></u>				
Insurance:	Medicare	Self Pay	Medicaid	Member #	:	
Other Insura	nce Informat	ion:				
Medical His	story:					
Who is your	current Prima	ary Care Prov	vider?	☐ I do not cu	rrently have a Primary Ca	are Provider
Name:				Phone	e #:	
Are you curr	ently pregnar	nt? Yes N	No Any c	urrent prescrip	otion medications? Ye	es No
List all curre	nt Prescription	n Medication	s you presently	use, the amou	nt, and how often:	
	Me	edication Nar	me		Amount/Dose	How Often
			,,,,		hile in the MARC program.	
	e list the doct		prescribing it a	and how long y	ou have been taking it:	
Who referred	d vou to the r	orogram/Hov	v did vou hear	about us:		
	Use History		,			
	-		use, the amou	nt and how of	ften:	
LISC dil CHE Si	treet drugs ye	Drugs	use, the arriod		Amount	How Often
Are you curr	ently enrolled	in residentia	al treatment?	Yes No If yo	es where and for how lor	ıg?
Are you curr	ently on prob	ation or parc	ole? No Ye	es PO'	s Name:	
Applicant's S	ianature				Date	
Aprilation 2	ng natar C				Date	



#### MARC PATIENT APPLICATION CONT.

### **OFFICE USE ONLY**

Treatment Enrollment? Y N Where?	
Currently on Methadone: Y N Clinic name:_	Dose:
How long on methadone?:	Current phase level:
Have you ever been diagnosed/treated for men If yes what was the diagnosis:	