



PREScription INSURANCE CLAIMS

We have contracted our local pharmacy (**HALLS**) to attempt to work with your insurance carrier in relation to a child's *immediate illness prescriptions*, if needed during the summer. As you can imagine, occasionally pediatric ailments especially ear, nose and throats can arise during the months at camp, and are not foreseen.

To facilitate the pharmacy's efforts, they have asked us to collect the following information from you which will be kept on file at the pharmacy - child's name, birthdate, medication allergies, copy of your **prescription** card front and back.

In an effort to serve you better, please take a minute to fill out the following.
If you do not return this form, we will simply bill you as usual for the full amount of prescriptions needed during the summer.

Camper Name:
Date of Birth:
Medication Allergy Information:

ATTACH Photocopy (front and back) of Prescription Card

*(Include phone number of insurance carrier in case the photocopy is not legible.)
Please note some plans have a separate card or policy number for prescriptions as opposed to the general health insurance card.*

Since we are in New Hampshire, you might want to contact your insurance company to inform them that your child may be "out of region", as many require advance notice for coverage. Our pharmacy will make a phone call to the insurance carrier on behalf of our camper at the time a prescription is filled. **If the insurance company is not compliant, the attempt has been made and you will be billed in the traditional manner for the medication, and you will need to submit the claim yourself after the camp bill has been satisfied.**

We hope this effort succeeds in reducing your costs for medicine while your child is at camp.

Rev. 11/07

Return to Pierce Camp Birchmont
37 Mineola Avenue
Roslyn NY 11576 - OR -
693 Gov. Wentworth Way
Wolfeboro NH 03894
516-621-5035 or 603-569-1337

Form may be duplicated
Fax #603-569-5813