

**WILLIAM LAWRENCE CAMP
CAMPER HEALTH INSURANCE INFORMATION 2010**

This form is needed to assure proper billing of camper medical costs that may arise while your child is at camp.
~ *It must be completed and on file at camp prior to the start of your son's campership.*~

Should your child need to visit our camp doctor during his office hours, bills are generally submitted directly to your insurance company. Charges not submitted directly to your insurance company will be charged to your son's camper account. An example would be prescriptions. We will provide you with a statement outlining the charges that you may use to submit to your insurance company for reimbursement.

If your son requires medical attention during the camp doctor's non-office hours or in an emergency, he will be taken to nearby Huggins Hospital. Your insurance company will be billed directly. You will be informed of all instances where your son has required special medical attention.

Please provide us with the necessary insurance information below, including checking YES or NO regarding the need to have Emergency Room visits pre-authorized. Please also provide us with a copy of the front and back of your insurance card. Please list credit card information for any co-pays which may result.

PLEASE PRINT

Camper Name: _____		
Primary Parent/Guardian subscriber of insurance policy: _____		
Insurance Company: _____		
Do you need to call to pre-authorize an Emergency Room visit? Y / N		
Employer: _____		
Insurance Company Address:		
Street _____		
City	State	Zip
(_____)	_____	
Telephone		
Insurance Certificate/Subscriber number: _____		
Insurance Group number: _____		
Credit Card Type (Circle) Visa Master Card Discover Amex		
Credit Card # _____		Exp ____ / ____

Please include front and back copy of your insurance card.