



**PLEASE RETURN THIS FORM BY MAY 1<sup>st</sup> TO:**

**WINTER** (Until May 15th)

3 New King Street, White Plains, NY 10604  
p: 800-753-9118 f: 413-853-3030

**SUMMER** (After May 15th)

6 Hawthorne Road, Lenox, MA 01240  
p: 800-753-9118 f: 413-853-3030

## INSURANCE AND CREDIT CARD INFORMATION

Dear Parents,

Insurance and credit card information is essential in order for camp to fill a new prescription, and take your child to the doctor or hospital. Please fill in all the information below.

**Camper's Name** \_\_\_\_\_

### INSURANCE INFORMATION

**Please attach a copy of your insurance card front and back to this form.**

If we do not have a copy at the time the prescription is filled or the doctor sees your child the full amount will be charged to your account and you will be responsible for submitting a reimbursement claim to your insurance company for the charges.

Is your son covered by family medical insurance?  Yes  No

Insurance Carrier and Plan Name \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Social Security Number of policy holder or Insurance ID Number \_\_\_\_\_

### CREDIT CARD INFORMATION FOR CO-PAY

Visa  MasterCard  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature of Guarantor \_\_\_\_\_

I, \_\_\_\_\_ guarantee payment for the account  
of \_\_\_\_\_ a camper at Camp Mah-Kee-Nac,  
both during his stay and upon discharge, until the account is paid in full.