CAMP INTAKE FORM

14 Franklin St * Suite 201 * Belleville, NJ * 07109

* **Phone**: (973) 728-4600 * **Fax**: (973) 728-2103 * **Billing**: (973) 728-2007 *
Email: BALDEAGLEPHARM@optonline.net

CAMPER INFORMATION			
FIRST NAME:	**LAST NAME:**		**DATE OF BIRTH:**
ADDRESS:	**CITY:**	**STATE:**	**ZIP CODE:**
SOCIAL SECURITY#:	**MEDICATION ALLERGIES:**		

CAMP INFORMATION			
PLEASE SELECT WHICH CAMP YOU WILL BE ATTENDING:	☐ MERRYHEART	☐ OAKHURST	
SESSION DATES:			
WILL YOU BE ATTENDING ANOTHER CAMP SESSION?	☐ YES	☐ NO	☐ UNDECIDED
IF *YES*, WHICH SESSION AND FOR HOW LONG:			
IF *YES* OR *UNDECIDED*, PLEASE CONTACT THE PHARMACY AT LEAST 2 WEEKS PRIOR TO YOUR SESSION DATE			

RESPONSIBLE PARTY INFORMATION			
FIRST NAME:	**LAST NAME:**	**RELATIONSHIP TO CLIENT:**	
ADDRESS (IF DIFFERENT FROM ABOVE):	**CITY:**	**STATE:**	**ZIP CODE:**
PHONE:	**EMAIL:**		

BILLING INFORMATION		
CREDIT CARD #:	**EXP DATE:**	**SECURITY CODE:**
NAME ON CARD:		

I AUTHORIZE BALD EAGLE PHARMACY, LLC. TO PROCESS PAYMENTS WITH THE CARD INFORMATION ABOVE AND I UNDERSTAND THAT CO-PAYMENTS AND OUT-OF-POCKET EXPENDITURES ARE A RESPONSIBILITY TO BE PAID IN FULL PRIOR TO THE CLIENT ATTENDING A CAMP SESSION BY THE RESPONSIBLE PARTY.

☐ **YES** ☐ **NO** **SIGNATURE:** _____ **DATE:** _____

Copies of insurance cards FRONT AND BACK
(ALL CARDS -Medicare A/B+D/Medicaid/Medicaid HMO/PAAD)
MUST be included with this form

PRESCRIBER INFORMATION		
PHYSICIAN'S NAME	OFFICE PHONE NUMBER	SPECIALTY (PRIMARY CARE, PSYCH., ETC,)

MEDICATION INFORMATION			
MEDICATION NAME	STRENGTH	DIRECTIONS	PRESCRIBER

SUBMITTING YOUR INTAKE FORM

- **PLEASE SUBMIT YOUR COMPLETED INTAKE FORM AT LEAST 4 WEEKS PRIOR TO THE SESSION DATE**
- **ALL COMPLETED APPLICATIONS MUST BE EMAILED TO BALDEAGLEPHARM@OPTONLINE.NET**
- **FOR NEW YORK STATE CLIENTS: ORDERING PHYSICANS MUST ELECTRONICALLY PRESCRIBE MEDICATIONS TO THE PHARMACY**
- **FOR NEW JERSEY CLIENTS: ORDERING PHYSICAN MAY PRESCRIBE VIA WRITTEN, ELECTRONIC OR TELEPHONIC ORDERS**

CAMP CHECKLIST	
☑	DETERMINE THE SESSION DATES TO WHICH CLIENT IS ATTENDING CAMP
☑	CONTACT PRESCRIBER(S) AND NOTIFY THEM OF SESSION DATES AND TO HAVE THEM SEND PRESCRIPTIONS TO BALD EAGLE PHARMACY BELLVILLE
☑	FILL OUT CAMP PACKET AND SUBMIT TO BALDEAGLEPHARM@OPTONLINE.NET
☑	CALL THE PHARMACY TO CONFIRM RECEIPT OF CAMP PACKET AND TO CONFIRM DATES, MEDICATION, CO-PAYS, ETC.

HOW DOES IT WORK?

PHARMACY

PRESCRIBER

The pharmacy and your prescriber will communicate to optimize your health care needs.

Contact the pharmacy to confirm medications, dose, session times and receipt of CAMP Packet.

Contact your prescriber to obtain prescription refill authorization.

YOU

The pharmacy will deliver your compliance packaging directly to CAMP free of charge

CAMP OAKHURST
New York Service for the Handicapped

easterseals
Camp Merry Heart