



# Camp Merry Heart Registration

A LONG TERM CARE *pharmacy* YOU CAN COUNT ON

**PH: 1-844-572-7478    FAX: 1-888-887-1815    Email: camper@ltcscripts.com**

**Camper Demographics:**

Camper Name:      Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Camper Guardian:      Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Session Information: Start Date \_\_\_\_\_ To End Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security # \_\_\_\_\_

Allergies: \_\_\_\_\_ Medical Condition \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone \_\_\_\_\_  
Primary Secondary

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**Payment Authorizations:**

The following charges will be invoiced to your credit card, on file.

- Any co-insurance, co-payments and deductibles.
- Non covered medications, typically over the counter drugs(OTC), health and beauty aids or some supplies. You will be notified in advance of this option.
- A one time service registration fee of \$15 to cover all setup costs and enrollment of the camper. If the camper is signing up with less than 15 days to initiation of the session, the service fee will be \$30.

**Credit Card Information:**

Name of Cardholder: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CCV/Sec# \_\_\_\_\_

Cardholder assumes financial responsibility for camper pharmacy services based on the information provided in this intake document. My signature authorizes LTC Scripts to contact the insurance carrier, physician and other medical professionals. Any remaining medications at the conclusion of the session can be sent home with the camper, credits for leftover medications cannot be approved.

\_\_\_\_\_  
Parent/Guardian Authorization Signature

\_\_\_\_\_  
Dated

## Invoicing/Insurance

Send us a copy of your insurance, *Front and Back*. **No need to fill out lengthy forms**, we can get it all from the copies you send us. Please make sure the numbers are readable on the copy.

If you have a card for the parent/guardian and another for the camper, it is very important to send both copies to us.

## Medication Listing

It is very important to fill out this form completely, and miss no medications including OverTheCounter(OTC) drugs. We will use this listing from you as a basis for all the medications when we contact your physician, and ultimately send these medications to the camp for your session. Use a second sheet if necessary.

We will verify this listing with you after we receive physician approval, and before your session begins.

Drug Name	Dose, ie mg , gm, %, etc	Tablet/ Capsule/ Other	Time of Day to Give the Medication	Directions	Physician, First and Last Name	Dr Phone Number



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