

My Insurance Has Changed

IF MORE THAN ONE CHILD IS ATTENDING CAMP, PLEASE COMPLETE A SEPARATE FORM FOR EACH CAMPER. IF YOU HAVE QUESTIONS, CALL US AT 1 (951) 407-0707.

IF YOU HAVE A PRIMARY AND SECONDARY INSURANCE, MAKE SURE TO ADD BOTH.

PLEASE BE AWARE, IN THE CASE YOUR NEW INSURANCE DENIES THE CHARGES, WE RESERVE THE RIGHT TO CHARGE YOUR CREDIT CARD FOR THE FULL COST OF MEDICATION. ALL CREDIT CARD CHARGES FROM THE PERRIS HILLS PHARMACY WILL APPEAR AS A SEPARATE CHARGE AFTER YOUR CHILD RETURNS FROM CAMP.

PARENT OR LEGAL GUARDIAN INFO

FIRST NAME:

LAST NAME:

HOME NUMBER:

MOBILE NUMBER:

EMAIL:

MY CAMPER'S INFO - The information of the child going to camp.

FIRST NAME:

LAST NAME:

DATE OF BIRTH, MM / DD / YYYY:

INSURANCE INFORMATION - Please leave fields blank that do not apply

PRIMARY INSURANCE

INSURED NAME:

INSURANCE NAME:

INSURANCE PHONE #:

MEMBER ID:

RX BIN:

RX PCN:

RX GROUP:

SECONDARY INSURANCE

INSURED NAME:

INSURANCE NAME:

INSURANCE PHONE #:

MEMBER ID:

RX BIN:

RX PCN:

RX GROUP:



I Acknowledge And Understand The Following:

1. A LATE FEE OF \$25.00 WILL BE CHARGED IF MY CAMPER'S REGISTRATION IS NOT RECEIVED BY PERRIS HILLS PHARMACY AT LEAST 30 DAYS PRIOR TO THE START OF CAMP SESSION.
2. AN ADDITIONAL \$30.00 EXPEDITED SHIPPING FEE WILL BE CHARGED IF PRESCRIPTIONS NEED TO BE "RUSHED" TO THE CAMP BEFORE THE BEGINNING OF YOUR CAMPER'S SESSION.
3. ALL CONTROLLED DRUG PRESCRIPTIONS SHOULD BE WRITTEN OUT FOR UP TO 30 DAYS SUPPLY ONLY. IF YOUR CHILD IS ATTENDING CAMP FOR MORE THAN 30 DAYS, A SEPARATE PRESCRIPTION IS REQUIRED FOR EACH 30 DAY PERIOD.
4. "DO NOT FILL BEFORE" DATE ON CONTROLLED DRUG PRESCRIPTIONS SHOULD BE 2 WEEKS PRIOR TO START OF CAMP SESSION.
5. ALL OTC'S REQUIRE A PRESCRIPTION WRITTEN BY YOUR CHILD'S PHYSICIAN.
6. ALL PRESCRIPTIONS SHOULD BE WRITTEN FOR THE TIME OF DAY THE MEDICINE IS TO BE ADMINISTERED TO THE CAMPER (BREAKFAST, LUNCH, DINNER, BEDTIME). IF THE MEDICINE IS TAKEN "AS NEEDED" PLEASE MAKE SURE IT IS SPECIFIED IN THE PRESCRIPTION.
7. ALL PRESCRIPTIONS WILL BE FILLED GENERICALLY (IF AVAILABLE) UNLESS OTHERWISE SPECIFIED BY YOUR CHILD'S PHYSICIAN AS "DO NOT SUBSTITUTE."
8. ALL PRESCRIBED MEDICATIONS AND OTC MEDICATIONS MUST BE DISTRIBUTED BY THE PHARMACY, DO NOT SEND ANY MEDICATIONS TO THE PHARMACY, CONTACT THE PHARMACY IF YOU HAVE QUESTIONS OR CONCERNS.
9. I AGREE TO PERRIS HILLS PHARMACY'S TERMS OF USE AND PRIVACY POLICY AGREEMENT.

TODAY'S DATE MM / DD / YYYY

PARENT/GUARDIAN SIGNATURE

Thank you for entrusting us with you camper's medication!

 **Fax this form to: 1(844) 856-8900**