

CampPacks Registration Form

Adirondack Pharmacy and Apothecary

1081 Main St. PO Box 458

Schroon Lake, NY 12870

Phone: (518) 532-7575 Fax: (518) 532-9722

If your camper requires medication this summer, please fill out this form (1 per camper) and send to the address above.

Name _____

Date of Birth _____

Home Address _____

Gender: Female Male

Allergies: _____

Parent/Guardian Names: _____

Parent/Guardian Phone Numbers: (cell) _____

(work) _____

Billing Information for any charges due to Pharmacy: VISA/MasterCard, Discover, FlexCard are all accepted. We DO NOT accept American Express

Card Number _____

Expiration Date _____

CVV code _____

Signature _____

Prescription Insurance Information:

The most preferable choice is a LEGIBLE copy of the front and back of your PRESCRIPTION coverage card (this is sometimes a totally separate card from your medical coverage card). If a copy of the card is not provided, we must have the following information to properly bill your child's medication.

Rx Bin _____

Rx Group _____

Rx PCN _____

ID # _____

Person Code _____

Relationship to cardholder _____

Pharmacy Help Desk # _____

Name of Plan _____

Every attempt will be made to bill your insurance with the information provided to us. If we do not have prescription information or the information is incomplete, you will be billed the full cash amount of the medication and will be responsible for pursuing payment from the insurance company on your own. We participate with many providers however; there is a chance that we may not have a contract with your health plan. If we are a non-participating pharmacy, your plan may not reimburse you if you have to pay out of pocket for medicine. Prescriptions cannot leave the store without full payment being received.