Dartmouth-Hitchcock
CHILDREN'S HOSPITAL AT DARTMOUTH
DEPARTMENT OF PEDIATRICS AND ADOLESCENT MEDICINE

Cheshire Medical Center
Dartmouth-Hitchcock Keene
580-90 Court Street
Keene, NH 03431
Phone (603) 354-6666
cheshiremed.org

Camper Registration Form

Please be sure to bring completed form to doctor's office

Camper/Patient name: _____

Date of birth: _____ Home telephone number: (___) _____

Mailing address: _____
(Street/PO Box) (City/ST) (Zip)

Guarantor/Parent name: _____

Date of birth: _____ Social Security number: _____

Home telephone number: (___) _____ Work number: (___) _____

Mailing address: _____
(Street/PO Box) (City/ST) (Zip)

Insurance Information
Please attach a copy of front and back sides of the insurance card (if possible).

Insurance name: _____

Claims address: _____
(Street/PO Box) (City/ST) (Zip)

Name of person who is the policy holder/Subscriber: _____

Subscriber date of birth: _____ Subscriber SS#: _____

Identification/Certificate number: _____ Group number: _____

Subscriber's employer's name: _____ Copayment amount: $_____

Type of policy: _____
(HMO, PPO, etc.)

***Note*: For plans that require a referral from the primary care provider it is important that the subscriber contacts the primary care physician's office for the proper referrals.**