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 doctors 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 copy of front and back of 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#:_____

Idenification/Certificate number:_____Group number:_____

Subscribers employer 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 physicians office for the proper referrals.**