



www.cobbossee.com  
Josh & Jill Cohen, Directors

WINTER (Until May 15th)  
3 New King Street, White Plains, NY 10604  
p: 800-473-6104 f: 207-933-4560

SUMMER (After May 15th)  
P.O. Box 299, Monmouth, Maine 04259  
p: 800-473-6104 / 207-933-4503 f: 207-933-4560

# INSURANCE & CREDIT CARD INFORMATION

To be completed by parents for all campers. One per family.  
Please fill out this form and return by **June 1st**.

Dear Parents,

Insurance or credit card information is essential in order for camp to fill a new prescription, and take your child to the doctor or hospital. Please fill in all the information below.

## INSURANCE INFORMATION

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD FRONT AND BACK TO THIS FORM.**

If we do not have a copy at the time the prescription is filled or the doctor sees your child, the full amount will be charged to your account and you will be responsible for submitting a reimbursement claim to your insurance company for the charges.

Is your son covered by family medical insurance?  Yes  No

Insurance Carrier and Plan Name \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Social Security Number of policy holder or Insurance ID Number \_\_\_\_\_

## CREDIT CARD INFORMATION FOR CO-PAY

Visa  MasterCard  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature of Guarantor \_\_\_\_\_

I, \_\_\_\_\_ *guarantee payment for the account*  
of \_\_\_\_\_ *a camper at Camp Cobbossee, both during his*  
*stay and upon discharge, until the account is paid in full.*