

**The Charlotte Hungerford Hospital  
Registration/Medical Billing Information**

**Camper Information**

Name
Address
City, State, Zip
Phone #
Date of Birth
Social Security #

**Insurance Holder Information**

Name
Address
City, State, Zip
Phone #
Work Phone #
Date of Birth
Social Security #
Relation to Camper
Employer Name
Employer Address
Employer City, State, Zip

**Insurance Information**

Insurance Company
Address
City, State, Zip
Phone #
ID#
Group #

**Emergency Contact Information**

Name
Address
City, State, Zip
Phone #
Work Phone #
Relation to Camper

**Please provide a copy of both the front and back of your current insurance card.**

The Charlotte Hungerford Hospital has my permission to use my credit card for co-payments and/or medical treatment as deemed necessary.

Credit Card  MC  Visa  AMEX  Discover

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holders Signature \_\_\_\_\_