

Michael Muskepo

Session 1 6/15 - 6/27

04/22/2002

☒ Male ☐ Female

Applicant's Name

Session

Birth Date

Parent Authorization

HEALTH FORM



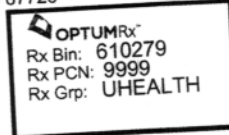
Health Plan (80840) 911-87726-04

Member ID: 929092968 Group Number: 901897

Member:
JOHAN JONGSMA
Dependents
TATYANA JONGSMA
MICHAEL MUSKEPO

GFI Software

Payer ID 87726



Copays:
Office: \$25 ER: \$200
UrgCare: \$75 Spec: \$50

DOI-0501

UnitedHealthcare Choice Plus
Underwritten by UnitedHealthcare Insurance Company

Place your Prescription card here

FACE UP

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Photocopy

Printed: 01/24/14



This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.

For Members: www.myuhc.com
Care24:

866-633-2446
888-887-4114

For Providers: www.unitedhealthcareonline.com 877-842-3210
Medical Claims: PO Box 740800, Atlanta GA 30374-0800



UnitedHealthcare
Choice Plus Network

Pharmacy Claims: OptumRx PO Box 29044 Hot Springs, AR 71903
For Pharmacists: 888-290-5416

Place your Prescription card here

FACE DOWN

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Please read the following statement carefully before signing below.

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I understand that part of the Camp experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the Camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Signature

Date 4/21/14