fraserhealth

PREFERRED ACCOMMODATION REQUEST AND ASSIGNMENT FORM

Form ID: CWXX103055C Rev: August 10, 2020 Page: 1 of 1

Name of Patient / Account No.: _____ / _____

Print Patient's Name *Account Number*

☐ **Private** $195.00 per day

☐ **Semi-private** $ 165.00 per day

☐ **Ward** no charge

☐ Patient/Self pay

☐ Extended medical _____

(Insert name of insurance company)

Policyholder name: _____

Policyholder address: _____

Date of birth: _____ **Relationship to patient:** _____

Policy no. _____ **Group ID certificate no.** _____

Dependent policy no. _____

Please Note:

1. If you request a private room and receive a semi-private you will be charged at the semi-private rate.
2. Some semi-private rooms may be co-ed.
3. "Medical necessity" requiring a private or a semi-private room does not supersede nor waive your request for preferred accommodation.
4. Preferred accommodation is based on availability. We do our best to provide your requested type of accommodation but regret that we cannot always fulfill requests.

I hereby assign to the appropriate Health Authority, all of the extended benefits available to me from my extended benefits provider under the applicable health benefit insurance plan, to the extent necessary to satisfy my indebtedness, or that of my dependent, to the appropriate Health Authority in respect of the period of hospitalization.

I hereby authorize Fraser Health to release information pertinent to obtaining payment for the private or semi- private room accommodation to my insurer/benefit provider.

I hereby assume full responsibility for the full charges (patient/self pay room requests) or any charges not paid directly by my insurer/benefit provider (for extended medical room requests). I understand and agree to the conditions of form.

_____ _____ _____

Date ***Patient's signature*** ***Witness' signature***

Any Questions - please contact 604-777-8323

Print Shop #263496