

Preferred Accommodation Request & Responsibility

I, _____, the undersigned, hereby request the Preferred Accommodation (defined as private or semi-private room and value added package) identified below.

Please number the following types of accommodation in order of preference (1, 2 or 3). Please be advised that BC Women's Hospital & Health Centre (BC Women's) will allocate a ward-room as Standard Accommodation if you do not choose the PA option (subject to availability and/or medical necessity as deemed by the attending physician).

- Private room (one bed to a room + *value-added package) \$195 per day
- Semi-private room (two beds to a room + *value-added package) \$165 per day
- No Preferred Accommodation No charge

(*=*value-added package includes coffee coupon, TV and Telephone Service and Free Parking*)

I assume full responsibility for, and guarantee payment of all charges per day for the Preferred Accommodation as set out above. BC Women's will make reasonable efforts to provide the Preferred Accommodation requested, but reserves the right to substitute another type of room based on availability and medical need. Payment arrangements (insurance/benefit provider and credit card) must be made upon admission and finalized prior to discharge. Rates are subject to change without notice.

** A doctor's order or "medical necessity" requiring a Private or Semi-Private Room does not supersede nor waive the patient's request for Preferred Accommodation; the patient will be billed for the requested accommodation.*

PAYMENT ARRANGEMENTS

Most Extended Medical Plans include coverage for Preferred Accommodation rooms. Please confirm with your Insurer and / or Employer that your policy includes such coverage.

EXTENDED HEALTH PLAN:

Insurance /Benefit Provider: _____
 Group No. _____
 ID No. _____
 Name of Patient: _____
 Date of Birth (mm/dd/yy) _____
 Name of Subscriber: _____

Do you or your Spouse have other insurance to cover these benefits? Yes No
 Name of Subscriber _____
 Other Insurance/Benefit Provider _____
 Group No. _____
 ID No. _____

ASSIGNMENTS:

I hereby assign to BC Women's, all insurance payments related to the private or semi-private room accommodation. I hereby authorize BC Women's to release information pertinent to obtaining payment for the private or semi-private room accommodation to the insurer/benefit provider.

I hereby assume full responsibility for the remaining charges not covered by my insurer/benefit provider and that I understand and agree to the conditions of this request for private or semi-private room accommodations.

Date: _____ Signature of Applicant: _____
 Relationship to Patient: _____

CREDIT CARD:

MasterCard/Visa #: _____ Expiry: _____
 (Please circle one)
 Cardholder: _____
 Signature: _____

Please present this form at time of admission.

Questions? Please feel free at anytime to call our Preferred Accommodation hotline at 604-875-2237