

ACCT # / UNIT # FOR HOSPITAL USE

REQUIRED PATIENT INFORMATION - Please Print

SURNAME		FIRST NAME(S)		DATE OF BIRTH	SEX	ADMISSION DATE / EXPECTED DUE DATE	
STREET ADDRESS OR R.R. NO. (Mailing address)				CITY, TOWN, VILLAGE			POSTAL CODE
TELEPHONE NO.	RELIGIOUS DENOMINATION	FAMILY PHYSICIAN		SPECIALIST (This admission)			
NEXT OF KIN - (Name in full)		ADDRESS		HOME TELEPHONE NO.	BUSINESS TELEPHONE NO.	RELATIONSHIP	

INSURANCE INFORMATION

PATIENT'S PROVINCIAL HEALTH CARD NUMBER	VERSION CODE
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IF YOU HAVE EXTRA COVERAGE, AND WILL BE STAYING OVERNIGHT, FILL OUT THE BELOW AND CHOOSE YOUR ACCOMMODATION:

NAME OF INSURANCE COMPANY		FULL ADDRESS OF INSURANCE COMPANY (Street, City, Province, Postal Code)	
GROUP NUMBER	CERTIFICATE NUMBER	POLICY NUMBER	POLICY HOLDER'S NAME
NAME OF POLICY HOLDER'S EMPLOYER			

YOUR PROVINCIAL HEALTH CARD DOES NOT COVER PRIVATE OR SEMI-PRIVATE ROOM CHARGES, TELEPHONE CHARGES, CRUTCHES, CANES, OR OTHER MEDICAL DEVICES, TRANSPORTATION VIA AMBULANCE, TAXI OR PATIENT TRANSFERS, ETC. (WITH THE EXCEPTION OF TRANSPORTATION BETWEEN HOSPITALS).

GUARANTOR NAME	ADDRESS	HOME TELEPHONE NO.	CELL TELEPHONE NO.
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CHOOSE YOUR ACCOMMODATION:

<input type="checkbox"/> Ward	<input type="checkbox"/> Semi-Private @ \$230 per day	<input type="checkbox"/> Private @ \$265 per day	<input type="checkbox"/> In the event that a <i>Private room is not available</i> , I request a Semi-Private room @ \$230 per day
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IMPORTANT NOTE when signing for Preferred Accommodation:

- Joseph Brant Hospital assumes no responsibility for verifying insurance coverage.
- The patient is responsible for paying all costs not covered by their insurance plan(s).
- If you no longer desire a semi-private or private room, it is your responsibility to contact the Admitting Department immediately (ext 4110), where you will be required to sign a new registration form. You will be responsible for any charges up to that date.
- Preferred accommodation cannot always be ensured at time of admission. Every effort will be made to provide your request.
- It may be necessary to transfer a patient, who requests and receives preferred accommodation, to another accommodation due to unforeseen patient care situations.
- WSIB covers ward accommodation only.

Please contact Preferred Accommodations at 905-632-3737 ext 4891 should you require any clarification.

WORKPLACE SAFETY & INSURANCE BOARD

DATE OF ACCIDENT	CLAIM NUMBER	NAME AND ADDRESS OF EMPLOYER
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PAYMENT IS REQUIRED PRIOR TO ADMISSION FOR ALL COSMETIC AND SELF PAY SERVICES

I AGREE TO ASSUME RESPONSIBILITY FOR ALL CHARGES NOT COVERED BY ANY OTHER AGENCY / INSURANCE COMPANY INCLUDING SEMI-PRIVATE OR PRIVATE ROOM.

DATE	SIGNATURE OF PATIENT OR GUARANTOR
DATE	SIGNATURE OF ADMITTING / REGISTRATION CLERK

WE WILL BE PLEASED TO ACCEPT VISA OR MASTERCARD FOR PAYMENT. WE HOPE TO MAKE YOUR STAY WHILE IN HOSPITAL A PLEASANT ONE.