

Pre-Registration and Accommodation Request Form

Acct # / Unit # For Hospital Use

REQUIRED PATIENT INFORMATION

| | | | | |
|--|---------------------|------------------------|---------------------|------------------------------------|
| Surname | First Name | Date of birth | Sex | Admission Date / Expected Due Date |
| Street Address or R.R. No. (Mailing address) | | City, Town, Village | Postal Code | |
| Telephone No. | Other Telephone No. | Religious Denomination | Family Physician | Specialist (This admission) |
| Emergency Contact Name (NOK) | Address | Telephone No. | Other Telephone No. | Relationship |

INSURANCE INFORMATION

Patient's Provincial Health Card Number Version Code Prov. Expiry Date

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, crutches, canes, or other medical devices, transportation via ambulance, taxi or patient transfers, etc. (With the exception of transportation between hospitals).

Guarantor Name Responsible for Charges Address Home Telephone No. Cell Telephone No.

CHOOSE YOUR ACCOMMODATION:

| Ward | Semi-Private @ \$275/day initial: | Private @ \$310/day initial: | In the event that a Private room is <u>not</u> available, I request a Semi-Private room at \$275/day |
|---------------------|--------------------------------------|---|---|
| Uninsured Resident* | \$2,000/day | | |
| OOV Visitor* | \$3,300/day | <i>*If you are an Out-of-Country visitor or Uninsured then Diagnostic Charges are Extra</i> | |

IMPORTANT NOTE when signing for Preferred accommodation:

1. Joseph Brant Hospital assumes no responsibility for verifying your insurance coverage.
2. The patient is responsible for paying all costs not covered by their insurance plan(s).
3. If you no longer desire a semi-private or private room, you must contact the Admitting Dept. immediately (ext. 4110), to sign a new Registration form. You will be billed for your room up to that date so please do not delay.
4. Preferred accommodation requests cannot be guaranteed.
5. Due to unforeseen patient care situations, you may be moved to another accommodation.
6. WSIB and Veterans Affairs covers Ward accommodation only.
7. You are advised to re-confirm your insurance coverage during your stay and if moving to Complex Care/ALC or Rehab.

WORKPLACE SAFETY & INSURANCE BOARD

Date of Accident Claim Number Name and Address of Employer

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.