

SASKATOON HEALTH REGION

AGREEMENT TO PAY FOR PREFERRED ACCOMMODATIONS

Providing this request does not guarantee that you will receive a preferred accommodation.

Please return to Cashier

For hospital use only: RUH SPH SCH Date Effective: _____

Personal Information (Please print clearly)

Name: _____ Hospitalization No.: _____

Method of Payment (Check ONE payment option)

Direct Bill Insurance Provider, Pay by Credit Card (Visa, MasterCard, Credit Card Number, Expiry Date), Room Deposit, Pay by Cash, Debit or Cheque (\$200.00), Deposit Collected, Staff Initials.

Room Preference (Check ONE room type)

Private (\$120), Semi-Private (\$100), Victorian Suite * (\$150) *RUH Maternity only

I understand that I will be billed for room charges to the maximum of my room preference as indicated above.

All rates include Premium Plus cable TV and telephone services (local calling only)

Responsibility for Payment

I agree to pay for room charges. I understand that Preferred Accommodations charges must be paid upon discharge unless I have selected "Direct Bill Insurance Provider".

Patient Signature: _____ Date: _____

If this form was signed by someone other than the patient, please indicate relationship: _____

Hospital Staff Initials: _____ Finance Registration HN Ward

Original to Finance (Cashiers); Yellow to Patient

Please see reverse for details

AGREEMENT TO PAY FOR PREFERRED ACCOMMODATIONS

Saskatoon Health Region offers Preferred Accommodations at Saskatoon City Hospital (SCH), Royal University Hospital (RUH) and St. Paul's Hospital (SPH).

The following rates apply:

- Private room \$120/night,
- Semi-private room \$100/night and
- Victorian Suite \$150.00/night (only available at RUH, Maternity.)

There are three options for payment.

OPTION ONE – EXTRA HEALTH INSURANCE: If you have Extra Health Insurance, such as an extended health benefits plan through work, or private insurance such as Group Medical Services, Saskatoon Health Region will bill your insurance company directly on your behalf for your Preferred Accommodations room. An "**Insurance Information**" Form is available in registration, the cashiers office and on the Nursing Units and **must** be completed before being discharged from the hospital.

If you have selected 'Direct Bill Insurance Provider', you understand that you are obliged to provide Saskatoon Health Region with the required information to bill your insurance company. If you are unable to provide this information at the time of registration, you must submit it to cashiers **before** being discharged from the hospital. You also understand that failure to provide complete insurance information will result in your direct and immediate payment to Saskatoon Health Region for all Preferred Accommodations charges that you have incurred during your hospital stay.

OPTION TWO – CREDIT CARD: If you are not paying through a health insurance plan, you must provide **your credit card information** to secure payment for your room. Charges will be processed on your credit card upon discharge.

OPTION THREE – CASH, DEBIT OR CHEQUE: If you are not paying through a health insurance plan and do not have a credit card, you must pay a **deposit of \$200** for your Preferred Accommodations. Any unused deposit will be returned to you upon discharge from the hospital and any remaining charges are due on discharge.

By signing this Form you understand and have authorized Saskatoon Health Region to attempt to place you in Preferred Accommodations, and if placed in such accommodations, you are responsible for those charges. If placed in Preferred Accommodations, you may be subsequently moved to another room to accommodate unique medical needs of other patients.

Providing this request does not guarantee that you will receive a preferred accommodation.

The original "Agreement to Pay for Preferred Accommodations" Form must be sent to cashier in order for the information to be processed.