

**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)**

<input type="checkbox"/> <b>Direct Bill Insurance Provider</b> (Examples: Extra Health Insurance or an extended health benefits plan through work).  For SHR to Direct bill your Insurer, you must also fill in an Additional Form - the Insurance Information Form.	<input type="checkbox"/> <b>Pay by Credit Card</b>  <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Credit Card Number ----- Expiry Date: ____/____	<input type="checkbox"/> <b>Room Deposit</b>  <input type="checkbox"/> Pay by Cash, Debit or Cheque (\$200.00) <input type="checkbox"/> Deposit Collected  Staff Initials: _____
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**Room Preference** **(Check ONE room type)**

<input type="checkbox"/> Private (\$120)	<input type="checkbox"/> Semi-Private (\$100)	<input type="checkbox"/> Victorian Suite * (\$150) <b>*RUH Maternity only</b>
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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". If I have opted to have SHR direct bill my insurer, I understand that, prior to my discharge, I must provide the necessary insurance information. If I fail to provide complete insurance information, I will be responsible to pay for the charges upon my discharge from the hospital.

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.

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**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.

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**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.