

Saskatoon Health Region

**INSURANCE INFORMATION
PREFERRED ACCOMMODATIONS**

Hospital staff cannot advise you of your insurance coverage.

Please return to **Cashier**

For hospital use only RUH SPH SCH Admission Date: _____

Patient Information *(print clearly)*

Last Name _____ First Name and Initial _____ Hospitalization No. _____

Is your hospital stay due to a work-related injury or illness? Yes No

Certificate Holder Information – Fill in Applicable Information

This is information on the **person who holds the insurance policy**, whether this is the patient or patient's family member.

Last Name _____ First Name and Initial _____ Relationship to Patient _____

Name of Insurance Company: _____

Insurance Company's Address (*Street, City, Province, Postal Code*) _____

Policy Number _____ *and/or* Group Number _____

Plan Name _____ *or* Section Number _____ *or* Division Number _____

I.D. Number (Example: certificate, employee or Social Insurance number) _____

Name of Employer _____

Employer's Address (*Street, City, Province, Postal Code*) _____

Additional Insurance

Are you entitled to benefits from another source (Example: Spouse's Insurance Plan)?
 Yes No

If yes: Name of Insurer: _____ Policy No.: _____

I understand that by providing my insurance information to the Saskatoon Health Region (SHR), I am authorizing SHR to collect directly from my insurance company. If my insurance company covers only part, or none, of this claim, I am responsible for all outstanding Preferred Accommodations charges.

Policy Holder Signature: _____ Date: _____

Hospital Staff Initials: _____ Original (**Finance** (Cashiers); Yellow to **Patient**)

Please see reverse for details

INSURANCE INFORMATION FOR PREFERRED ACCOMMODATIONS

This Form accompanies the “**Agreement to Pay for Preferred Accommodations**” Form.

If you have Extra Health Insurance, such as an extended health benefits plan through work, or have purchased private insurance, Saskatoon Health Region (SHR) will bill your insurance company directly on your behalf for your Preferred Accommodations room.

*The insurance information on this form is the information on the **person who holds the insurance policy**, whether this is the patient or patient’s family member. Call the certificate holder’s employer or Insurance Provider if you do not have this information or to determine which fields apply to the policy.*

By signing this Form you understand and have authorized SHR 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.

By selecting “Direct Bill Insurance Provider” on the Agreement to Pay for Preferred Accommodations Form 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 the health region for all Preferred Accommodations charges that are incurred. Although we bill the insurance company directly, the insurance company may direct their payment to the person who holds the insurance policy, in which case that person is then responsible to pay SHR.

This Form must be completed and submitted to the Cashier **before** being discharged from the hospital in order for SHR to bill the insurance company.

IMPORTANT NOTE: Hospital staff cannot advise you of your insurance coverage. Please verify that your insurance coverage is correct. Your insurance company will be billed only once by Accounts Receivable. Rejected insurance claims will become the patient’s responsibility.