

**Request for PRIVATE & SEMI PRIVATE Accommodation**

New Request     Change to existing Request     Cancel existing Request  
**TO CANCEL OR CHANGE REQUEST COMPLETE AND TAKE FORM TO ADMITTING/REGISTRATION**

|   |  |                             |   |
|---|--|-----------------------------|---|
| <b>Is this a Pre-admission?</b>                 | * <input type="checkbox"/> Yes (Expected Admission Date – month/day/year): _____<br><input type="checkbox"/> No (Effective Date – month/day/year): _____ |                             |   |
| <b>Patient's FIRST NAME</b>                     | *  | <b>Patient's LAST NAME:</b> | * |
| <b>Patient's Date of Birth (month/day/year)</b> | *  | <b>Hospital:</b>            | * |
| <b>Do you have Extended Medical Benefits?</b>   | * <input type="checkbox"/> Yes (Benefits Provider name): _____<br><input type="checkbox"/> No (Patient responsible for payment)                          |                             |   |

**I acknowledge and agree that:**

- a) Private or semi-private rooms are based on availability and that every attempt will be made to provide my requested accommodation, however, my request may not be available upon my arrival or during my stay;
- b) Even if I have received my requested accommodation, I may be transferred to another room;
- c) Some semi private rooms and ward rooms may be co-ed (i.e., mixed gender);
- d) I understand that I will continue to be charged as outlined above for the room assigned, unless I or someone acting on my behalf, makes an alternate request with the Hospital's Admitting Department;
- e) If private or semi-private accommodation is required for medical reasons, as determined by the attending physician or midwife, charges will no longer apply from the date of that determination. Infections or contagious conditions do not necessarily require private or semi-private accommodation.
- f) Private and semi-private rooms are approximately half the size of ward rooms. While the design and certain aspects of the room may differ the quality of care is consistent throughout the hospital;
- g) By requesting and receiving a private or semi private room, the charges payable are for the enhanced privacy the accommodation will provide;
- h) I authorize the Vancouver Coastal Health Authority to release information pertinent to obtaining payment for the private or semi private accommodation to my extended benefit provider;
- i) I accept responsibility for any charges not paid directly by my extended benefit provider, which will be invoiced or charged to my credit card number.

| <b>ROOM REQUEST</b>                                   | <b>Your Choice:<br/>1st, 2nd, or N/A</b> | <b>Signature of Patient</b> |
|---|--|-----------------------------|
| Private (1 bed per room) - <u>\$195 per day</u>       | *  | *                           |
| Semi Private (2 beds per room) - <u>\$165 per day</u> | *  |                             |

**PAYMENT AUTHORIZATION**

|  |  |  |
|--|--|--|
| <b>Credit card number</b>                          |  | <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex |
| <b>Expiry date (month/year)</b>                    |  |  |
| <b>Name on card</b>                                |  |  |
| <b>RELATION TO PATIENT (if not patient's card)</b> |  |  |
| <b>Cardholder Signature:</b>                       |  | <b>Date:</b><br>(month/day/year)   |

**\* REQUIRED INFORMATION**

Any Questions? CONTACT the Admitting Department for your Hospital:

UBC Hospital: 604-822-7033                      Lions Gate Hospital: 604-988-3131 X4916  
Vancouver General Hospital: 604-875-5057                      Richmond General Hospital: 604-278-9711 X4041  
Powell River General Hospital: 604-485-3211                      Squamish General Hospital: 604-892-6010