

Provincial Health care provides standard ward coverage only. If you would like to request preferred accommodation (Semi-Private or Private), you will be required to provide additional insurance information or a deposit for the additional charges on admission to the Hospital.

Do you have additional insurance covera for semi-private or private accommodation of yes, please complete the following:	<u> </u>					
Patient Employment and Insurance Information						
Employer Name:	Full/Part time/Retired Employer Address:					
Name of Insurance Company:	nsurance Group / Policy No.					
Certificate / Identification No.	Division / Section No.   Social Insurance No.					
Please complete, if benefits are carried through your Spouse, Parent or Guardian						
Employer Name:	Employer Address:					
Name of Insurance Company:	Insurance Group / Policy:					
Certificate / Identification No.	Division / Section No.					
Subscriber's Name: Subscriber's	S Date of Birth: Social Insurance No.					
I wish to make the following request for Preferred Accommodation:  Ward Semi-Private Private Semi-private Currently \$235.00/day)  Private Semi-private Semi-private Currently \$235.00/day						
I understand that when I request Preferred Accommodation, I am responsible for all charges not covered by my Insurance. It is the Patient's responsibility to confirm insurance coverage prior to admission.						
Date: Signature of Patient/SDM:						
Signature of Admitting Clerk:						
r → r v . I do not wish to make a specific request	for Preferred Accommodation at this time.					
However, upon admission, if the hospital is able to authorize the hospital to bill my insurance for rein	o provide me with a Semi-Private or a Private room, I nbursement.					
Date: Signature of Patient/SDM (Substitute Decision Maker):						

Please be advised that the Hospital cannot guarantee that your requested accommodation will be available when you are admitted.

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