

**ACCOMMODATION  
REQUEST FORM**



**ADMISSION DATE:** \_\_\_ / \_\_\_ / \_\_\_  
MM DD YR

**Prices in effect April 1, 2010 to March 31, 2011**

**Guarantee for Payment**

I understand and agree to assume full responsibility for payment of services provided by St. John's Rehab Hospital according to the conditions outlined below.

- I authorize payment of benefits by my insurer to St. John's Rehab Hospital. I understand that I am financially responsible for any unpaid portion and any charges not covered by my insurance plan.
- Charges incurred for services not covered by the Ministry of Health, including telephone charges, assistive devices and/or equipment (i.e. crutches, canes, cushions, splints) are payable prior to my discharge from the hospital.
- If my insurance company declines payment, or does not fully supplement payment for extended health benefits, the balance of payment will be due upon receipt of notification from my insurance company.

Signature of Patient/Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

**Acceptance of Services**

Room Type	Particulars	Cost Per Day	Authorization/Signature (agrees to accept charges)
Standard Ward	4 beds per room	Covered by OHIP, WSIB, Provincial Health Ins..	
Semi-Private	2 beds per room	\$225.00 /day extra	
Private	1 bed per room	\$250.00 /day extra	
Telephone	Cost=\$2.00 per day	Please choose and circle:	YES      NO

**Insurance Information**

Name of Insurance Provider: \_\_\_\_\_

Group Number: \_\_\_\_\_ Subscriber's Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Relationship to Subscriber: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

**Please check your Insurance Policy for Rehabilitation Hospital Coverage**

**Credit Card Information**

**I authorize St. John's Rehab Hospital to charge my credit card for charges incurred for above patient.**

Name of Credit Card Holder: \_\_\_\_\_

Visa / Master Card# \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

**Hospital Use Only :**

**TC / PA Signature:** \_\_\_\_\_ **Central Booking Signature:** \_\_\_\_\_