



**ROOM SELECTION
FORM**

ROOM SELECTION : <input type="checkbox"/> Admission <input type="checkbox"/> Preadmission <input type="checkbox"/> Room change		Initials of the user
PRIVATE <input type="checkbox"/> Daily rate varies from 107,00 \$ to 213,00 \$ ----->		<input style="width: 50px; height: 20px;" type="text"/>
If a private room is available and a semi-private room is assigned to me, I agree to pay the rate for the occupation of a semi-private room.		
SEMI-PRIVATE <input type="checkbox"/> Daily rate varies from 66,33 \$ to 93,45 \$ ----->		<input style="width: 50px; height: 20px;" type="text"/>
WARD <input type="checkbox"/> No charge 0,00 \$ ----->		<input style="width: 50px; height: 20px;" type="text"/>
<i>(These prices are subject to change without notice)</i>		
SPECIALS CONDITIONS :		Initials of the user
I ask a private or semi-private room and agree to pay the fare displayed in the room occupied (including coronary unit, the intensive care unit and intermediate care unit), even if the stay in such a room becomes medically necessary.		<input style="width: 50px; height: 20px;" type="text"/>
I agree to pay a \$ 10 order that the institution calls to my insurance company the costs of the occupation of a semi-private or private room and I recognize that it is my responsibility to check the clauses in my contract of insurance and, therefore, I agree to pay the costs not covered by it.		Initials of the user
		<input type="checkbox"/> YES <input type="checkbox"/> NO
INSURANCE : _____		
Insurance company		Insurance holder
Policy N°/Contract		Certificate/Identification
*** MEMBERS OF THE MEDICAL AND NURSING STAFF ARE NOT THE APPROPRIATE PEOPLE TO PROVIDE INFORMATION ON ROOM CHARGES ***		
CONDITIONS :		
<ul style="list-style-type: none"> • I can change my choice of room at any time and I acknowledge that it is the responsibility of the institution to allocate me a room according to my choices and room availability. • If the room assigned to me is temporarily higher category than requested, I will accept, when required, to be transferred to a room corresponding to the selection made during my admission. • I agree that the benefits paid by my insurance company are used in full settlement of my hospitalization account. • For temporary leave, I agree take to pay my hospital expenses. • I agree to pay interest at the legal rate running from the 30th day following the date of the statement that will be sent to me. • I authorize the CHU de Québec-Université Laval to collect directly on my credit card any amount due, without any authorization necessary. 		
I accept these terms and am satisfied with the information that was given to me.		
User or sponsor signature _____ / _____	/ (link with the user)	yyyy/mm/dd
Name in block letters _____ / _____	/ Phone number	CHU de Québec-Université Laval Representative signature

INFORMATIONS COMPLÉMENTAIRES AU VERSO

Nom :

Prénom :

Dossier :

FOR YOUR INFORMATION

The Quebec Hospital Insurance fully pays for your hospital stay, except for the additional costs incurred by the choice of a private or semi-private room.

Three types of rooms are therefore available:

1. The private room (charge);
2. The semi-private room (charge);
3. The room of three or more beds (no charge).

The choice of room category, made during your admission, is the determining factor to establish your invoice, which will also consider the changes you made this choice during your hospitalization.

This is your commitment to pay the additional costs caused by the occupation of a private or semi-private room (including coronary unit, the intensive care unit or intermediate care unit), even if your stay in such a room is medically necessary.

Some clauses in the insurance contract may cover all or part of these costs. It is important to consider when choosing your room. It is therefore your responsibility to check the clauses in your insurance contract.

If you do not have insurance, this additional fee may be charged upon your admission. You can pay by credit card, debit card, check or cash, in person at the accounts office of the hospital.

It is the staff of the admissions office to assign the rooms according to the demands made and the availability thereof on the various care units.

For information about your choice of room or modifications on the choice made, **contact the ADMISSIONS OFFICE STAFF at:**

Hôpital de l'Enfant-Jésus (HEJ) :	418 525-4444 ext. 65612
Hôpital du Saint-Sacrement (HSS) :	418 525-4444 ext. 87660
Centre hospitalier de l'Université Laval (CHUL) :	418 525-4444 ext. 47271 or 48268
L'Hôtel-Dieu de Québec (L'HDQ) :	418 525-4444 ext. 15354
Hôpital Saint-François d'Assise (HSFA) :	418 525-4444 ext. 54314

For additional information concerning the financial terms, **please contact ACCOUNTS OFFICE STAFF at:**

Hôpital de l'Enfant-Jésus (HEJ) :	418 525-4444 ext. 65547
Hôpital du Saint-Sacrement (HSS) :	418 252-4444 ext. 87780
Centre hospitalier de l'Université Laval (CHUL) :	418 525-4444 ext. 48367
L'Hôtel-Dieu de Québec (L'HDQ) :	418 525-4444 ext. 15054
Hôpital Saint-François d'Assise (HSFA) :	418 525-4444 ext. 52466