BC WOMEN'S HOSPITAL+ HEALTH CENTRE
Provincial Health Services Authority

The BrightStart Bundle

THE BRIGHTSTART BUNDLE REQUEST & RESPONSIBILITY

Patient: _____ **Patient's Date of Birth: (mm/dd/yy)** _____
(Please print)

Note: This facility is a Public Acute Care Hospital

Please prioritize your selection (1 or 2):

☐ Private room (one bed to a room)	$195.00/day
☐ Semi-private room (two beds to a room)	$165.00/day
Ward room (3 beds or more to a room)	Not applicable

Nature of Illness or Injury: _____

PAYMENT ARRANGEMENTS

My extended health plan(s) may pay for all or part of the daily room charges, depending on the type of coverage.

If I do not have an extended health plan, or if I am required to pay all or a portion of the charges referenced above under my extended health plan, I agree to assume responsibility for all daily charges for the BrightStart Bundle as selected above. Please discuss these terms with your BrightStart Bundle Representative.

☐ **Extended Health Plan**

Insurance Provider: _____

Card Holder's Name: _____

Policy/Plan/Contract No.:_____

ID/Cert. No.: _____

☐ **Spouse/other Extended Health Plan**

Insurance Provider _____

Card Holder's Name: _____

Policy/Plan/Contract No.: _____

ID/Cert. No.: _____

☐ **Patient/Self Pay** (Visa/MasterCard/Amex)

Card Number: _____ Expiry date: _____

Card Holder: _____ Signature: _____
(Please print)

Please be aware that:

1. If you request a private room and receive a semi-private, you will be charged at the semi-private rate.
2. The BrightStart Bundle is not available if a private room is required for medical reasons.
3. Private and semi-private room assignments are based on availability. We will do our best to fulfill your request.
4. Rates and conditions are subject to change without notice.
5. The personal information you enter on this form is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act of BC (FIPPA).* The information will be used only for the reimbursement of funds from your extended health plan or, for self-pay patients, your credit card company. If you have any questions about collection and use of this information, please contact the BrightStart Bundle hotline at 604-875-2237.

I hereby assign to BC Women's Hospital all insurance payments related to the private or semi-private room accommodation. I hereby authorize BC Women's Hospital to release information pertinent to obtaining payment for the private or semi-private room accommodation to my insurer/benefit provider. I understand and agree to the conditions outlined in this request for the BrightStart Bundle.

_____ _____
Date ***Signature***

Please present this form at time of admission.

Questions? Please call our BrightStart Bundle Hotline at 604-875-2237.