

CONDITIONS OF ACCEPTANCE AS A PATIENT

(Non-Residents of Canada or Uninsured Canadian Residents)

As a Canadian hospital, it is the policy of the University Health Network (UHN) that all patients seen or treated on an elective basis that do not have Canadian federal or provincial health insurance must prepay all known hospital fees before being accepted as a patient. We may accept private insurance coverage in lieu of prepayment for such patients once approved by the Corporate Billings & Accounts Receivable department of UHN and once coverage is pre-certified in writing directly by the insurer.

In certain cases, it may be necessary to see patients and perform certain testing and investigation before the known treatment plan can be developed. In such cases, UHN will estimate what the likely hospital fees related to the investigation and likely treatment plan will be and they must be paid and received by UHN before any further investigations and treatments start.

CONDITIONS:

1. Prepayment or approval of private insurance coverage is not a guarantee or a commitment to proceed with any hospital visit, nor does this obligate UHN to provide treatment if a treatment plan is developed.
2. Treatment at UHN will only proceed if all of the estimated hospital fees for the known treatment plan are paid, or private insurance approved, 10 business days in advance of the first date of service.
3. The University Health Network reserves the right to decline treatment of such patients that are willing to pay for services if:
 - Placing the patient on the service waiting list would unreasonably prolong the waiting time for Insured Ontario and Canadian residents;
 - Resources for the required service are not available.
4. Regardless of what the estimated fees are, patients will only be charged the related hospital fee for actual services rendered at UHN. See related hospital estimate.

Signing below indicates your understanding and agreement to abide by these conditions.

Return the signed original document to:

University Health Network
Altum Health
International Patient Program
399 Bathurst Street, Krembil 3rd Floor Rm.818
Toronto, ON, M5T 2S8, Canada
Phone: 416-603-5800 Ext. 5015 Fax No. 416-603-5406

SIGNATURE OF PATIENT or SUBSTITUTE DECISION MAKER

SIGNATURE OF WITNESS

PRINTED NAME

PRINTED NAME

DATE

DATE

PRINT NAME OF PATIENT IF
REQUIRED) SUBSTITUTE DECISION MAKER REQUIRED

PRINT NAME OF TRANSLATOR (IF

SIGNATURE OF TRANSLATOR

