

Guysborough Antigonish Strait Health Authority – A3-13

- St. Martha's Regional Hospital**
- Strait Richmond Hospital**
- Guysborough Memorial Hospital**
- St. Mary's Memorial Hospital**
- Eastern Memorial Hospital**

Alternate Level of Care Charge Billing Notice

Forward to Finance @ St. Martha's or appropriate VP (if waiver required).

Patient Name: _____

Unit Name: _____ **Unit Number:** _____

Admission Date: _____

Medical Discharge/ ALC Date: _____

Attending Physician _____

Discharging Physician (if different from attending) _____

This patient is subject to the following:

- \$ 73.50 per diem or an amount of _____
- \$205.00 per diem
- Special Consideration Request (include reason for request to delay or waive fee)

Start Date for Fee: _____

Forward Billing Invoice to:

- Patient (Address/Room Number):
- Family/ Surrogate Decision Maker (Name/ address):

Authorization:

Signature and Date Unit/Facility Manager

Signature and Date Senior Manager
(If full fee waiver is requested)

Copy: Business Office
Patient's File
VP Community Health/VP Patient Care – For Information Purposes

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Alternate Level of Care Designation Form

The patient is classified for ALC when the physician indicates the patient no longer requires acute care.

Date of Classification as ALC _____
Day/ Month/ Year

Reason for ALC Designation:

- Housing, household or economic circumstances
- Other family circumstances
- Inclement weather conditions
- Transportation
- Infant accompanying sick mother (border)
- Respite care (providing) (waiting)
- Waiting for home care program
- Unavailability of other medical facilities for care
 - Awaiting Panel
 - Level 2 bed
 - Level 3 bed
 - Homes for special need
 - Small options
 - Restorative or rehab care
 - Palliative care
 - DVA
 - Adult protection
 - Convalescence
 - Other (specify) _____
- Refusing to co-operate with the discharge planning process
- Other (specify)

Signature of Physician _____ **or**

Signature Unit Manager _____ **in consultation with**

Physician _____ **or medical discharge as noted in chart.**

**Date patient returns to acute care
Status if applicable.**

Day/Month/Year

GASHA 31/05/05

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Alternate Level of Care Charge Change in Status Notice

Forward to V.P. Patient Care or Community Health for information purposes (Fax 867-1059).

The following Patient has:

- had a change in status and requires acute care services.
- expired
- been placed in an appropriate facility
- returned to home
- transferred to a community hospital GMH EMH SMMH SRH

Please discontinue ALC charge.

Patient Name: _____

Unit Name _____ **Unit Number:** _____

Admission Date: _____ **Start Date ALC Billing:** _____

Billing Cancellation Date: _____

Attending Physician: _____

Forwarded by Unit or Facility Manager or Delegate

Date

Processed by Finance

Date

Copy: Business Office
Patient's File
VP Patient Care/Community Health for Information Purposes

Sample Letter to Patient/Family

February 1, 2005

Mrs. Mary Jones (not a real person)
Antigonish
Nova Scotia

Dear Mrs.Jones:

I am writing to you in follow-up to our conversation, January 30, 2002, during which I advised you that the Guysborough Antigonish Strait Health Authority, (of which St. Martha's is a part), has begun to apply a policy put in place by the Nova Scotia Department of Health.

Hospitals in the district are now required to charge a daily fee to patients who stay in the hospital but do not need acute care or treatment. This applies to patients who are awaiting nursing home placement.

As we discussed, your husband, Mr.Jones, is awaiting nursing home placement, thus this policy will apply. A fee of \$---- a day will be charged for each day he remains in hospital awaiting a nursing home bed but does not need acute care. This billing will become effective February 2, 2002.

If Mr. Jones' health changes and he needs acute hospital care again, the charge per day will be stopped.

If you have any questions or concerns regarding these charges, please contact me--- or Madonna MacDonald, Vice President Community Health, at 902-867-4271, or Liz Millett, Vice President Patient Care, at 902-867-4269.

Sincerely,

Title

Copy: Patient Record
V.P. Patient Care/Community Health