

BED HOLD INFORMED CONSENT

You have the option of requesting a seven (7) day bed hold to keep a bed vacant and available for return to this facility. Non-Medi-Cal beneficiaries are responsible for reasonable costs not to exceed the beneficiaries daily room rate. Insurance may or may not cover such charges. Medi-Cal will cover the cost of the bed hold if the resident's share of cost has been satisfied for the month, unless we receive written notice from the attending physician that the stay in the acute hospital is expected to exceed seven days. If you desire this option, the facility must be notified within 24 hours of transfer.

I _____ have been informed that I have the right to request _____ facility to hold a bed for seven (7) days should I be transferred to an acute hospital. I understand that I must notify this facility within 24 hours after being informed if I wish to have the bed held for seven days.

ON ADMISSION

Resident / Guarantor / Guardian Admission Date Facility Representative Date

CONFIRMATION OF TRANSFER & BED HOLD PROVISION

Transferred to: _____ on _____ at _____
Date Time

_____ on _____ at _____ by _____
Name of Person Notified Date Time Facility Representative

24 HOUR NOTIFICATION

_____ notified within 24 hours to hold bed by: _____
Facility Representative Resident / Guarantor / Guardian

on _____ at _____
Date Time

White — Original Yellow — Guarantor Pink — Guarantor