

## PART II - PATIENT CONFINEMENT INFORMATION

(Use additional CF2 if necessary):

NOTE: Member/Patient should sign only after the applicable charges have been filled-out

Signature Over Printed Name of Authorized HCI Representative \_\_\_\_\_ Official Capacity/Designation \_\_\_\_\_ Date Signed: \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year