

Long Term Care Admission Agreement



Long term Care/Extended Care

Standardized Admission Agreement

Financial Responsibilities



In this document the resident/designated responsible financial person will be called 'you'. The Care Facility will be called 'we'.

This legally binding agreement outlines the financial responsibilities that you have agreed to. If you have any questions or concerns about this agreement please talk to us before signing it. Signing this agreement means you understand and agree to the terms of the agreement.

Definition: Financially Responsible Person: means the resident, the resident's attorney or property attorney, the resident's property guardian or the public guardian and trustee.

1. We will charge you the rates set by the provincial government in *The Special-care Homes and Rates Regulations*.
2. We will give you reasonable notice of any change in the resident charge.
3. Your monthly rent and charges for routine additional services are due in advance and shall be paid on the 1st day of every month. Outstanding balances may be subject to interest charges that will be calculated at the rate specified in the handbook you receive upon admission. All cheques returned NSF shall be subject to a penalty charge in the amount specified in Schedule "A".
4. Transfer to your facility of choice will not occur if there is a balance owing on your account.
5. We will make our best efforts to provide you with additional health services as ordered by your doctor, and we will bill you directly. You are responsible to pay for your transportation, non-insured health services, supplies and other needs not normally provided by the Care Facility. The attachment, titled, "Uninsured Services – Schedule "A" has more details related to this. Please ask us if you want more details on this. If you choose to utilize the services of a third party service provider you release the Care Facility from any and all claims for injury or damages sustained by you, if such loss or injury arises from the act, omission or default of the third party service provider.

6. You are responsible for all costs related to maintenance, repair and replacement of all personal items, appliances and equipment, including such things as dentures, eyeglasses, and hearing aids. We do not accept any responsibility for loss or accidental damage that occurs to these items. You are encouraged to obtain a comprehensive insurance policy to insure against loss or damage to your personal belongings.

7. We are committed to keeping information relating to you confidential. This includes information related to your financial affairs. However your information may need to be released, as necessary, to authorized personnel in order to enforce payment if in default. Unless you otherwise direct us in writing, you consent to having your name and room number appear on a directory board or in other written listings that contain a list of residents of the facility in which you reside. Your signature on this document provides us with written permission to release your information for this purpose.

8. Non-payment of amounts due under this agreement may result in discharge from the Care Facility.

9. The Care Facility will refund any over payment of monies received within 60 to 90 days of receipt of a proper authorization requesting a refund of an over payment.

Dated this ____/____/____ in _____.		
Day	(city/town)	(Province)
RQHR per: _____		
Person	Signature for Care Facility	Signature Designated Financially Responsible
Designated Financially Responsible Person _____		
_____ (Print Name, Address, Phone Number)		