

Maternity Unit

General Hospital, St Helier, Jersey, JE1 3QS

Tel: 01534 442450



Maternity - Private Room Reservation Form 2021

Patient Details

Patient Name

DOB

Consultant

GP

Affix Patient Label/Patient Details

Patient contact details (for billing purposes)

Tel

Email

Method of Payment

| | |
|-----------------------------------|---|
| <input type="checkbox"/> Self-Pay | <input type="checkbox"/> Insurance (Include Insurer Name and Membership No) |
|-----------------------------------|---|

Insured Private Patients: Please note that you will be charged for the use of private accommodation, operating theatre and any other services related to your care, should these be required. Any consultant and anaesthetist (if required) fees will be charged separately. You are liable for any charges incurred and must settle any shortfalls in benefit provided by your insurer.

Room Charges

Room availability cannot be guaranteed and is subject to the actual date of your admission and delivery.

| | | |
|-------------------------------|-----------------------------|----------------|
| Due Date <input type="text"/> | Ensuite Single Room with TV | £161 per night |
| | Single Room Only | £100 per night |

Mobile phones may be used, however a telephone may be made available, should it be required.

Financial Agreement and Consent

I accept that Jersey General Hospital will charge me for the use of private accommodation and services within the Maternity Unit and understand that consultant fees, if applicable, will be charged separately.

Patient Name

Clinician/Nurse Name

Patient Signature

Clinician/Nurse Signature

Date

Date

To be completed by Ward Clerk/Nursing Staff and signed by patient upon discharge. Please return completed form to Private Patient Finance Office, 3rd Floor, Peter Crill House.

Admission Date

Discharge Date

Room Occupied

No. of Nights

Total Due

Confirmed By

Patient signature upon discharge

Nursing Staff: Please include any information that may impact on chargeable nights.