ATTACHMENT X

***NOT PART OF THE MEDICAL RECORD***

To: Fiscal Department
From: Per Diem
Subject: Per Diem

A patient of Guam Memorial Hospital Authority has been transferred to another medical facility. Immediate per diem cash funds are necessary for the escort and time is of the essence. Details of the request are as follows:

Escort Name: __________________________ Date of Departure from Guam: ________________

Destination: __________________________ Date of Arrival to Guam: ________________

Patient’s Name: __________________________ Hospital #: __________________________

Medical Insurance: __________________________

Amount of Per Diem: $_____________ x _______ days = $_____________.

Thank you for your assistance in this matter.

_______________________________  ______________________________
Name and Title (Please Print)    Signature and Date

RECEIPT
I have received the sum of $_____________.

Documents submitted:
1. Patient Transfer Expense Report
2. Copy of the airline ticket and boarding pass
3. Copy of the Medical Referral Mileage Bank Account Waiver Form (if applicable)

_______________________________  ______________________________
Escort’s Name (Please Print)    Escort’s Signature / Date and Time

IMPORTANT NOTICE
The documents are needed in order for Guam Memorial Hospital Authority (GMHA) to recover the escort fees from the Department of Administration. Failure to turn in these documents may result in GMHA recovering the escort fees from you (through payroll deduction, if applicable.)

REQUEST FOR PER DIEM
GUAM MEMORIAL HOSPITAL AUTHORITY
Reviewed/Revised: NM 11/15; MEC 11/15; EMC 12/15
Online Form