

ATTACHMENT III

This agreement is executed between the Guam Memorial Hospital Authority (GMHA) and the following patient: _____.

I, _____ (Print name of patient or legally responsible party), agree to accept responsibility of the cost of services related to the transfer provided by the Guam Memorial Hospital Authority (GMHA) and its agents.

These services may include the provision of a qualified escort by GMHA for the patient from the Guam Memorial Hospital to the receiving institution; provision of per diem for the escort; provision of necessary and appropriate medical supplies, equipment, and medications; and the provision of any other services that are necessary to effectuate the safe transfer of the patient.

In exchange for these, I agree to accept the financial responsibilities for those costs not covered by my insurance carrier. I further agree to pay all costs associated with collection activities should my account be referred to a collection agency.

Furthermore, I agree to reimburse GMHA in a timely manner.

Signature of Patient/Legally Responsible Party

Date and Time

Signature of GMHA Representative

Date and Time

OTHER INFORMATION

Mailing Address:

Telephone Numbers:
Home: _____
Work: _____
Cellphone: _____

**Agreement for Reimbursement of
Patient Transfer Services**

Patient ID

Guam Memorial Hospital Authority

Reviewed/Revised: NM 11/15; MEC 11/15; EMC 12/15 Approved HIMC 05/16

Form # 2016.005