

ATTACHMENT X

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

To: Fiscal Department  
From: \_\_\_\_\_  
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

Patient ID