

Private Room Request Form

Please submit this form only after all applicable fields have been completed and all signatures obtained. Incomplete applications will not be accepted. By signing this form, you attest to the fact that this is an accurate representation of the member's condition.

FACILITY INFORMATION			
Facility name		Contact person	
Address		Phone	
City, state, zip		Fax	
Facility phone		Email address	
MEMBER INFORMATION			
Last name		First name	Middle initial
Birthdate	PrimeWest Health ID #	SSN#	
Expected length of need for private room		Private room start date	
EXPLANATION OF PRIVATE ROOM NEED			
☐ Behavioral issues (explain below and attach supporting documentation) ☐ Morbid obesity			
☐ Dementia with behavioral disturbances ☐ Vent-dependent ☐ Other highly infectious condition (explain below)			
☐ Terminal illness/hospice (less than 6 months) ☐ Legally blind ☐ CDiff/MRSA			
For all private room requests, please provide a brief but complete explanation and records to support the member's diagnoses, medical conditions, or other circumstances that create the need for a private room. For behavioral issues, please reference the frequency of such occurrences and steps that have been taken to modify the behaviors and attach supporting documentation (care plans, case notes, etc.).			
SIGNATURES			
We have reviewed the information and related documentation and concur with the need for a private room.			
_____ Physician signature		☐ MD ☐ CNP ☐ PA _____ Date	
_____ Quality Assessment & Assurance Committee (QAAC) representative signature		_____ Date reviewed by QAAC	
PRIMEWEST HEALTH CONTACT INFORMATION			
Send completed forms by fax to 1-866-431-0804 (toll free) or by secure email to pwserviceauth@primewest.org .			