Coombe Women & Infants University Hospital
Excellence in the Care of Women and Babies
Foirfeacht i gCúram Ban agus Naíonán

Cork Street
Dublin 8
telephone +353·1·408 5200
fax +353·1·453 6033
www.coombe.ie

Bed Request Form

Surname: ___________________ **Hospital No**: ___________________

First Name: ________________ **Consultant**: ____________________

Address: __________________ **Insurance Company:** _________________________

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_____________ **Membership No:** _____________________________

Eir Code ________

Contact No: __________________

Next of Kin Name: ___________

Next of Kin Contact No: _______

REQUESTED BY TYPE: **SINGLE OCCUPANCY ROOM** ☐
(Private room)

MULTI-OCCUPANCY ROOM ☐

Hospital Accommodation Rates, with effect from 01/01/2014 are as follows:

Single Occupancy Room:	**€1,000.00 per Night**
Multi-Occupancy Room:	**€ 813.00 per Night**
Day Case:	**€ 407.00 per Day**

Private Health Insurance, I am responsible for them and will discharge same when requested by the Coombe Women & Infants University Hospital.

- **If this form is not completed you will be charged for the accommodation occupied.**

I have read the above and understand my obligations with regard to charges with regard to my accommodation.

Signed: ____________________________________ Date: ________________________________

If the patient is a Minor or unable to sign above, this form must then be signed by the Next of Kin

Please return/post completed form to
Patient Accounts Department
Coombe Women & Infants University Hospital, Cork Street, Dublin 8