

**SINGLE PATIENT TRANSFER AGREEMENT**

Fax to transferring facility for signature by authorized facility representative and place in medical record.

Patient: _____

Address: _____

The undersigned Transferring Facility agrees that because the patient identified above requires services that are not available at the Transferring Facility, this patient will be transferred to Huntsville Hospital upon the following conditions:

1. Huntsville Hospital has sufficient available personnel, space, and facilities to treat the patient.
2. A Huntsville Hospital attending physician accepts the patient's admission after consultation with a Transferring Facility physician.
3. Transferring Facility provides, within its capabilities, for the medical screening and stabilizing treatment of the patient prior to transfer.
4. Transferring Facility provides Huntsville Hospital with all information that is available concerning the patient's coverage or eligibility under a third party coverage plan, Medicare or Medicaid, or a health assistance program established by a county, public hospital, or hospital district.
5. Transferring Facility arranges for appropriate transportation of the patient, as agreed upon by the transferring physician and the accepting physician, including the type of transportation (ground, fixed wing or rotary wing) and the need for any special personnel and/or equipment to accompany the patient during the transfer.
6. Transferring Facility shall inform the patient or patient's surrogate of the terms of this agreement and the conditions of transfer.
7. Transferring Facility provides Huntsville Hospital copies of those portions of the patient's medical records that are available, to include but not be limited to (a) a copy of the patient's informed consent to the transfer or the transferring physician's certification that the medical benefits of transfer outweigh the risks of transfer, and (b) the results of any diagnostic tests to include but not be limited to imaging studies and films.
8. Huntsville Hospital shall assume responsibility for patient care at the time it takes physical custody of the patient and shall remain responsible for patient care only during the time that Huntsville Hospital has such physical custody of the patient.
9. When Huntsville Hospital determines that the patient continues to require hospitalization, but no longer requires the specialty services that prompted transfer to Huntsville Hospital, Transferring Facility agrees to readmit the patient within 24-48 hours of notification by Huntsville Hospital to Transferring Facility that the patient is ready to be transferred back to Transferring Facility. In the event Transferring Facility's referring physician does not accept the patient, Transferring Facility's Chief of Medical Staff or other authorized representative shall facilitate identification of an appropriate accepting physician so the patient may be transferred back to Transferring Facility.
10. Patient care and transportation services rendered by Huntsville Hospital and Transferring Facility to the patient shall be charged to the patient, the patient's Managed Care Organization ("MCO") or other third party payer. This Agreement creates no obligation on the part of either party for payment of services rendered to the patient by the other party.

Agreed To and Accepted by _____
Name of Transferring Facility

Signature of Authorized Representative (CEO)

Signature of Chief of Staff or Designee

Date: _____ Time: _____

Date: _____ Time: _____

Person to contact to transfer back: _____

Phone: _____