Patient Name: _____

DOB: _____

MRN: _____

UCI Health

TRANSFER AND REPATRIATION AGREEMENT

Referring Facility	Date of Transfer
Referring Physician	Physician Phone Number ( )
Referring Facility Contact	Contact Phone Number ( )
Patient Name	**Patient DOB**
Patient's Insurance	Patient's Insurance ID
Reason for Transfer	

UCI Health and the Referring Facility agree to enter into this Transfer and Repatriation Agreement ("Agreement") which shall result in the transfer of the aforementioned patient for a temporary inpatient stay at UCI Health for services that are not available at the Referring Facility.

The Referring Facility will provide to UCI Health a transfer summary, a copy of the appropriate portions of the medical record, diagnostic test results and all requested/appropriate diagnostic films to accompany the patient.

The Referring Facility will not transfer the patient until the receiving physician has consented to accept the patient and the transfer has been cleared by UCI Health's Transfer Center.

The Referring Facility will ensure that the patient is medically stable and suitable for all procedures and treatments at the time of transfer.

UCI Health may return the patient to the Referring Facility if UCI Health's attending physician determines the patient's treatment can continue at the Referring Facility and no longer requires the services at UCI Health. This Agreement shall confirm the Referring Facility agrees to accept the patient, in return transfer, upon request of UCI Health to do so.

The Referring Facility will accept patient for transfer back to their facility whether or not the patient still meets inpatient criteria for the purpose of ongoing acute care or for post-acute care discharge planning, in the event the patient does not require further hospitalization. If bed capacity is not available at the time UCI Health requests for return transfer, Referring Facility will accept the return transfer of the patient with the first bed available as a priority admission.

Under no circumstances will UCI Health assume financial responsibility for the cost of transferring or transporting any patient to or from UCI Health. Referring Facility agrees to be responsible for the transportation cost to UCI Health not covered by the patient's insurance.

The Referring Facility will inform the patient and/his or her delegate of this Agreement.

Referring Facility hereby attests that the person executing this Agreement for Referring Facility is an authorized agent who has actual authority to bind the Referring Facility to each and every term, condition and obligation set forth in this Agreement and that all requirements of Referring Facility have been fulfilled to provide such authority.

Referring Facility will accept patient after any surgery or procedure and ensure patient/family are aware and in agreement to this condition. If in the opinion of the patient's attending physician at UCI Health, the patient is medically stable for transport and no longer requires the specialized services of UCI Health, UCI Health may return the patient to the Referring Facility, which shall promptly accept such patient back for continued care within its functional capacity. In the event that such bed capacity, resources, or personnel are not available at the Referring Facility at the time that such return is requested, as evidenced by the Referring Facility demonstrating that it is on diversionary status, the Referring Facility shall accept the return transfer of the patient on the first occasion that

bed capacity, resources and personnel become available and shall give priority to the readmission of such patient. In addition, if the Referring Facility is unable to accept the patient within 48 hours after receipt of notice from UCI Health that the patient is ready to be returned to the Referring Facility, the Referring Facility shall use its best efforts to find an alternative service provider close to the patient's home community that has the appropriate services to meet the patient's needs. For all inpatient transfers (a patient that was not transferred from the Referring Facility's Emergency Department under EMTALA jurisdiction), if the Referring Facility or its physicians are unwilling/unable to accept the patient back at the time that UCI Health notifies the Referring Facility that the patient no longer requires the specialized services of UCI Health and may be transferred, the Referring Facility guarantees it will reimburse UCI Health and its physicians for any services or days that are denied or not covered by the patient's insurer at the insurer's customary reimbursement rate. In the instance that a patient is uninsured/covered, UCI Health's Medi-Cal per diem rate will apply. The Referring Facility will designate an appropriate physician to accept the patient in return transfer and identify the individual below.

The receiving physician's name and phone number will be provided and is the responsible party to coordinate repatriation to the Referring Facility.

The referring facility commits to repatriating the patient promptly, within 24 hours of receiving notification of stability from UCI Health physicians. Failure to comply with the repatriation process will result in escalation to UCI Health executive leadership, potentially affecting future transfer opportunities.

_____ Date: _____ Time: _____ AM/PM
Referring Physician (Print and Sign)

_____ Date: _____ Time: _____ AM/PM
Referring Facility Executive Leadership Name (Print and Sign)

_____ _____
Referring Facility Executive Leadership Email Direct Line

THIS IS A BINDING AGREEMENT. BREACH OF THIS AGREEMENT MAY IMPACT FUTURE TRANSFERS.

All documentation must indicate the specific date and time of entry and a signature complete with identifying credential, title, or classification.