

### TRANSFER & REPATRIATION AGREEMENT

<b>Referring Facility:</b>	<b>Date of Transfer:</b>
Referring Physician:	Physician Phone Number:
Referring Facility Contact:	Contact Phone Number:
<b>Patient Name:</b>	<b>Patient DOB:</b>
Patient's Insurance:	Patient's Insurance ID:
<b>Reason for Transfer:</b>	

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

1. The Referring Facility will provide to UCIMC 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.
2. 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 UCIMC's Transfer Center.
3. The Referring Facility will ensure that the patient is medically stable and suitable for all procedures and treatments at the time of transfer.
4. UCIMC may return the patient to the Referring Facility if UCIMC's Attending Physician determines the patient's treatment can continue at the Referring Facility and no longer requires the services at UCIMC. This Agreement shall confirm the Referring Facility agrees to accept the patient, in return transfer, upon request of UCIMC to do so.
5. 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 UCIMC requests for return transfer, Referring Facility will accept the return transfer of the patient with the first bed available as a priority admission.
6. Under no circumstances will UCIMC assume financial responsibility for the cost of transferring or transporting any patient to or from UCIMC. Referring Facility agrees to be responsible for the transportation cost to UCIMC not covered by the patient's insurance.
7. The Referring Facility will inform the patient and/his or her delegate of this Agreement.
8. 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 UCIMC, the patient is medically stable for transport and no longer requires the specialized services of UCIMC, UCIMC 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 UCIMC 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 UCIMC notifies the Referring Facility that the patient no longer requires the specialized services of UCIMC and may be transferred, the Referring Facility guarantees it will reimburse UCIMC 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, UCIMC's Medi-Cal per diem rate will apply. The Referring Facility will identify an appropriate physician to accept the patient in return transfer.
9. The receiving physician's name and phone number will be provided and is the responsible party to coordinate repatriation to the Referring Facility.

**Referring Physician (Print and Sign):** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

**Referring Facility Authorizing Administrator (Print and Sign):** \_\_\_\_\_

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