

Accommodation fees are prescribed by the Alberta government and are the responsibility of the client once assessed and approved for Continuing Care services. These charges are necessary to provide accommodation related services to the Resident, such as rooms, meals, housekeeping, and routine building maintenance. More information on accommodation charges in Alberta can be found at [Continuing care – Resident accommodation charges | Alberta.ca](#) Health care services, such as 24/7 nursing and personal care support, are publicly funded to provincially insured residents at no cost while at Carewest.

I, _____, hereby agree to pay, on behalf of _____,
Name of Resident or Legal Representative (Financial) *Name of Resident*

the daily accommodation fee, as prescribed by legislation, on a monthly basis or before the fourth business day of each month as determined by the type of room occupied, plus approved charges for other services that the Resident may have incurred.

Payment options include cash, cheque, Pre-authorized Debit (PAD) and online bank transfers. Cheques must be made payable to “Alberta Health Services” or “AHS”. More information on payment options can be found at the Business Office, or by calling AHS Accounts Receivable at 1-855-919-6097 or emailing billinginquiry@ahs.ca.

Personal Effects and Valuables

Carewest is not responsible for the loss or damage to any personal effects or valuables.

Not Sufficient Funds (NSF) Service Charge

A \$20 service charge will be levied for each NSF cheque or payment. These charges will appear on the following month’s invoice.

Tax Statement Fee

Tax statements are provided in February of the following calendar year.

Failure to Pay

Failure to pay accommodation fees may result in the initiation of legal proceedings or referral to a collection agency.

Financial Concerns

If you have concerns about the ability to afford accommodation fees, you can request to meet with a Social Worker at your site or call the Alberta Supports Contact Centre toll-free at 1-877-644-9992 for information on income support programs such as the Alberta Seniors Benefit program.

I acknowledge that by signing the Carewest Agreement of Financial Responsibility I as a Resident, or the Financial Legal Representative of the Resident, have been given an opportunity to read the foregoing, to ask questions regarding the agreement and admission to Carewest, and have had all questions answered to satisfaction.

Signature of Resident or Legal Representative (Financial)

Date

Mailing Address of Financial Representative

Contact Number of Financial Representative

Witness Signature

Witness Name (written)