

STANDARD MEAL CHARGE SLIP

Privacy Act Statement

Authority: DoD Financial Management Regulation (FMR) Volume 12, Chapter 19

Principle Purposes: A patient or eligible family member who accepts food services delivered as an extension of standard military treatment facilities dining room services, shall be considered a patron of the dining facility and charged per FMR Volume, Chapter 19.

Routine Use(s): The requested information will be used by officials, employees and contractors within Naval Hospital Bremerton in the performance of their duties to determine eligibility to receive meals, and to process and appropriately collect fees for meals served.

Disclosure: Providing the requested information is required in order to receive meals through Combined Operations Division.

Meal(s) ordered for _____ (DD/MM/YY) during:

- Ambulatory Procedure Visit Emergency Room Visit
 Boarder Status Mother/Parent Observation Visit

A patient or eligible family member who accepts food services delivered as an extension of standard MTF dining room services, shall be considered a patron of the dining facility and charged in accordance with FMR Volume 12, Chapter 19. Full meal rate applies to all customers. Exceptions: 1) Enlisted members receiving subsistence in kind (SIK) will not be charged; 2) Family members of E-1 to E-4 not receiving BAS will receive a discount rate and; 3) Only APV Patients with billable Third Party Insurance will not be charged.

Charges Effective 01 January 2012 for meals requested:

	Meal Cost	Meals Requested	Diet Aide - Write in Type of Meal Served Clear Liq - Full Liq - Regular - Therapeutic
BREAKFAST	\$2.45	Patient Initials _____	_____
LUNCH	\$4.55	Patient Initials _____	_____
DINNER	\$4.55	Patient Initials _____	_____

SIK or Discount Rate eligible?

Collections Office Verified: Date _____ Initials _____

Diet Aide providing meals _____
Name Printed

The above charges are due at discharge and will be paid at the Collection Office, Room 1103 during normal business hours (0730-1600 M-F). Only check or cash are acceptable. If the Collection Office is closed, a bill will be sent and payment will be required within 5 days of receipt. Collection Office numbers are 475-4391 or 4319.

I have read the above and understand the charges are my responsibility.

Name Printed: Patient Parent

Signature of Patient/Parent Receiving Meal

Patient Addressograph Card: