Ronald McDonald House Charities Oklahoma City

Medical Provider Verification for Lodging Eligibility

Instructions for Social Worker or Medical Provider

The patient family has requested lodging through Ronald McDonald House Charities Oklahoma City (RMHC OKC). The family has authorized the release of the information below for the sole purpose of determining eligibility for lodging.

Please complete this form and return it via email to: **release@rmhc-okc.org**

Patient Information

Patient's Full Name: _____

Date of Birth: _____

Medical Verification

Please verify the following information:

☐ This patient is currently under the care of our facility/provider and is an active patient.

Scheduled Appointment / Admission / Procedure Date:

_____

If currently admitted or receiving ongoing outpatient treatment, anticipated discharge date:

_____

Additional comments relevant to lodging eligibility (optional):

_____

_____

_____

_____

Provider Certification

I certify that the information provided above is accurate to the best of my knowledge and is provided solely to assist Ronald McDonald House Charities Oklahoma City in determining the family's eligibility for lodging.

Medical Provider / Social Worker Name (Print):

Title: _____

Hospital / Clinic: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Return Completed Form To:

Ronald McDonald House Charities Oklahoma City
Guest Services Department

release@rmhc-okc.org