BROADVIEW
CHRISTIAN SCIENCE CARE
COMFORT • PROGRESS • HEALING

4570 Griffin Ave.
Los Angeles, CA 90031
Ph: (323) 221-9174
www.csbroadview.org

Date: _____ Time: _____
Form completed by: _____ Room Assigned: _____

HOSPITALITY LANE GUEST INFORMATION

Guest's Name		**Telephone**	
Address		**Email**	
Discount Category (Regular rate: $125/night)	☐ JL Christian Science nurse ($95) ☐ JL Christian Science Practitioner/CSB ($95) ☐ BV Friend/Family (1 night free w/ patient admission/discharge - $95 thereafter)	**Rate to be charged** (BV staff to enter)	
Inquirer Name and Telephone		**Additional Guest Names/Information regarding visit**	

Visit Information

Arrival Date: _____ **Time:** _____ **Discharge Date:** _____ **Time:** _____

Purpose of visit: ☐ Visit guest/staff member ☐ Association/Class Instruction ☐ Rest & Study ☐ Other

Room type: ☐ Queen bed ☐ King bed ☐ Large Suite **Extra Guest Names:** _____

Meals at Broadview for $12 per meal: ☐ Yes ☐ No ☐ Unknown

Meal Preferences: ☐ Vegetarian ☐ Vegan ☐ Other

Hospitality Lane Guest Policies

☐ Guest is willing to abide by Broadview's policy of no drugs, tobacco, liquor, or medical reliance during stay.

☐ Guest understands he/she is responsible for all charges associated with the stay and agrees to pay them in a timely manner.

☐ Guest understands that if they require services from the Christian Science Nurses during their stay there is an additional charge of $60/ hour.

Payment

☐ Credit Card details below - guest to be charged on departure:

Name as appears on card: _____ **Type of Credit Card:** _____
Credit Card Number: _____ **Expiration Date:** _____
Billing Zip: _____ **CVC:** _____

☐ Use payment information from prior visit. ☐ Guest will provide payment information on arrival.

☐ Name and contact details of alternate individual will provide payment:

_____
_____
_____

Last Revision 2501124

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Tell us anything you'd like to share.

You can use this space to provide comments, ask questions, explain special requests, or give feedback.

Your input helps us serve you better. There's no required format, just write freely!

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HOSPITALITY LANE CONTACT AND CONFIDENTIALITY AGREEMENT

"Home is the dearest spot on earth, and it should be the centre, though not the boundary, of the affections."

Science and Health with Key to the Scriptures by Mary Baker Eddy 58:21.

Personal Information: Please print

Name:_____

Address:_____

Email:_____

Phone:_____

Vehicle Make:_____ **Model:**_____ **Color:**_____

Emergency Contact

Name of the Journal-listed Christian Science practitioner you would like us to call if needed:

Name:_____ **Phone:**_____

Emergency Contact Person:

Name:_____ **Phone:**_____
Relationship:_____

Christian Science Nursing Care

If there is a need for Christian Science nursing care, guests will need to be move out of the Hospitality Lane category and be re-admitted into one of our Christian Science nursing care categories. A change of room may be necessary in order to receive appropriate care.

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Atmosphere and Confidentiality

In order to promote and protect an atmosphere conducive to spiritual study and healing, we ask that guests be either students of Christian Science or supportive of the Christian Science atmosphere at Broadview. Alcohol, tobacco and all forms of medication or medical devices are not to be brought or used during your time at Broadview.

Guests of Broadview are ensured of confidentiality during their stay and are protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). While at Broadview, you may visit with other guests at their request, however, all information about any guest present here at Broadview is to be kept strictly confidential while here and once you have departed.

I have read and understand the information in this agreement, including the confidentiality requirement and agree to abide by it.

_____ _____

Signature Date

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Nightly room rate: $125
Special room rate: $95
Meals: $12 per meal

PAYMENT OPTIONS

Name: _____

Arrival date: _____ **Anticipated Departure date:** _____

Rate per night: _____ **Number meals taken:** _____

Telephone: _____ **Email:** _____

TOTAL AMOUNT DUE UPON DEPARTURE: _____

1. **CREDIT CARD**
   ¨ Please use the credit card details given over the phone or below for the total amount.

   Name: _____ Type of Credit Card: _____
   Credit Card Number: _____ Expiration Date: _____
   Billing Zip: _____ CVC: _____

2. **CHECK**
   ¨ Please use the attached check made out to "Broadview" to cover the room charge indicated above.

3. **ALTERNATE ARRANGEMENT**
   ¨ Please use same payment details as prior visit.
   ¨ Name and contact details of alternate individual for payment:

   _____
   _____

If I have chosen Option 1, I hereby authorize Broadview, Inc. to charge the credit/debit card listed above. This authorization is for the purpose of payment of those charges related to and incurred by my stay and/or care at this facility. I understand that, if there are any additional charges that were incurred during my stay, Broadview will also charge them to the card above. My signature below indicates that I have verified and confirmed that all of the information on this page is correct and that I agree to the terms stated.

Signature: _____ **Date:** _____

Thank you so much for staying with us, we hope you enjoyed your visit and we look forward to seeing you again!