

**Group Medical Travel Insurance Application**  
*(HOSPITAL/MEDICAL FACILITY VERSION)*

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Proposed Effective Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

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***For multiple facilities, please complete a separate application for each location, or contact us to discuss application options***

**SECTION I**

1. Will you be using a travel facilitator(s) to arrange all medical travel for your international patients?

Yes     No

If no, how do you qualify the traveler for a procedure at your facility? \_\_\_\_\_

If yes, is the facilitator a hospital employee or a Third Party? Please explain and provide details: \_\_\_\_\_

2. Number of international patients per year? \_\_\_\_\_

3. Countries of origin of international patients. If you accept patients from any country, please provide a breakdown of number by country for countries with the most activity.

Please complete on the attached spreadsheet

4. Please provide a list of procedures being performed for the medical traveler/international patient if there are some that are not included in the attached list? Please provide the number of procedures in each category performed each year.

Please complete on the attached spreadsheet

5. Is the hospital/facility JCI Accredited?     Yes     No

If No, please advise if the facility has any other type of accreditation. Provide details: \_\_\_\_\_

6. Post operative infection rate \_\_\_\_\_

7. Post operative complication rate \_\_\_\_\_

8. Post operative mortality rate \_\_\_\_\_

9. Will you be requiring medical travel accident (GPS) coverage for 100% of all eligible international medical travelers?  Yes     No

If not, please provide details of the patients you will be including in the coverage?

(procedure types, age groups, geographical locations)

**SECTION II**

1. What is the minimum and maximum age allowable for international patients? \_\_\_\_\_  
*Please note, special exceptions may be required to accept international medical travelers over age 70.*
  
2. Do you require all medical travelers to have a home country physician provide a medical release to travel?  
 Yes     No  
 If yes, do you keep this information in the traveler's medical file?  Yes     No  
 If no, please describe any other safeguards in place to insure the medical traveler is fit to travel. \_\_\_\_\_
  
3. Are medical travelers screened for co-morbidity issues prior to approval for a procedure at you facility?
  
4. Please attach blank copies of your admission documents required for international medical travelers.
  
5. Does every international medical traveler leave with a copy of their medical records?  
 Yes     No  
 What languages are these records available in? \_\_\_\_\_

*Note, a copy of medical records in English may be required to adjust a claim.*

Please choose which medical complication limit you would like quoted.

- \$10,000     \$15,000     \$20,000     \$25,000

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Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Custom Assurance**  
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