

Group Medical Tourism Benefits and Services Application
(HOSPITAL/MEDICAL FACILITY VERSION)

Proposed Effective Date: _____

Applicant Name: _____
 Address (Street, City, State, Zip): _____

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. My organization is accredited by:
 Global Healthcare Accreditation Joint Commission International Other ISQUA accreditation
 Other Non-ISQUA accreditation (Identify): _____
6. Post operative infection rate _____
7. Post operative complication rate _____
8. Post operative mortality rate _____
9. Will you be requiring benefits for 100% of all eligible international medical travelers? Yes No

If not, please provide details of the patients you will be including?
 (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: _____

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