



## MetLife Expatriate Benefits - Hospital / Clinic Profile

### Part A Hospital / Clinic Details:

Hospital / Clinic Name				<input type="text"/>			
Hospital / Clinic Address				<input type="text"/>			
City	<input type="text"/>	Country	<input type="text"/>	Postal Code	<input type="text"/>		
Telephone	<input type="text"/>			Fax	<input type="text"/>		
Email	<input type="text"/>		Website	<input type="text"/>			

### Part B Key Contacts

Hospital / Clinic Administrator	
Name	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

Director of Admissions	
Name	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

Medical Director	
Name	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

Director of International Patient Accounts	
Name	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

## Part C Services Offered

(please check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accident & Emergency   | <input type="checkbox"/> Gynecology          | <input type="checkbox"/> Obstetrics         |
| <input type="checkbox"/> Anesthetics            | <input type="checkbox"/> Haematology         | <input type="checkbox"/> Oncology           |
| <input type="checkbox"/> CT Scanner             | <input type="checkbox"/> Health Screening    | <input type="checkbox"/> Ophthalmology      |
| <input type="checkbox"/> Cardiology             | <input type="checkbox"/> Immunology          | <input type="checkbox"/> Orthopaedics       |
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Pediatric Medicine |
| <input type="checkbox"/> Dentistry              | <input type="checkbox"/> Intensive Care      | <input type="checkbox"/> Pediatric Surgery  |
| <input type="checkbox"/> Dermatology            | <input type="checkbox"/> Internal Medicine   | <input type="checkbox"/> Pathology Services |
| <input type="checkbox"/> Ear, Nose & Throat     | <input type="checkbox"/> MRI Scanner         | <input type="checkbox"/> Psychiatry         |
| <input type="checkbox"/> Endocrinology          | <input type="checkbox"/> Microbiology        | <input type="checkbox"/> Radiology          |
| <input type="checkbox"/> Gastroenterology       | <input type="checkbox"/> Neonatology         | <input type="checkbox"/> Renal              |
| <input type="checkbox"/> General Medicine       | <input type="checkbox"/> Neurology           | <input type="checkbox"/> Rheumatology       |
| <input type="checkbox"/> General Surgery        | <input type="checkbox"/> Neurosurgery        | <input type="checkbox"/> Urology            |
| <input type="checkbox"/> Geriatrics             | <input type="checkbox"/> Nuclear Medicine    | <input type="checkbox"/> Vascular Surgery   |

Other (please list)

## Part D Provider Information

Is English Spoken in these Areas?

Physician Staff

Admissions

Nursing Staff

Accounting

Other Languages?. Select all that apply

Arabic

German

Hindi

Spanish

French

Urdu

Mandarin

Korean

Turkish

Is Accident & Emergency open 24 hours a day with a doctor present?  Yes  No

Have you a 24-hour on-site doctor led resuscitation service?  Yes  No

Have you been accredited by a National Accreditations body if one exists  Yes  No

If yes, please list the name of the body

Do you offer any regionally or nationally recognized specialties?  Yes  No

If yes, please list them.

What is your Principal Source of Revenue?

Private

Government

Charity

Other

Does your centre have affiliations or training arrangements with any U.S./U.K/ European Hospitals or Universities?  Yes  No

If yes, please list them and briefly explain the nature of the relationship, e.g. telemedicine, faculty consultations, reciprocal training programs, etc.

Has any of your medical staff trained in the U.S. or U.K.?  Yes  No

If so, please list their names and specialties in the space.

Please Answer in the Space Provided

Total Number of Beds in your Centre

Number of Intensive Care Beds

Number of Ventilated Beds in ICU

Number of Private Rooms

Number of Air-Conditions Rooms

Total Attendances to your Accident & Emergency Department per year

\*\* Please attach copy of business license \*\*

License attached :  Yes  No

## Part E Banking Details

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Sort Code: \_\_\_\_\_

IBAN: \_\_\_\_\_

Swift Code:

Preferred Currency: \_\_\_\_\_

EOB Address: \_\_\_\_\_

Email address\*: \_\_\_\_\_

For Internal Use Only:

OFAC Checked

Completeness Reviewed

Initials