



MetLife

MetLife Worldwide Benefits Hospital - Clinic Profile form

MetLife Worldwide Benefits
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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"/> Pharmacy |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Microbiology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Neonatology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> General Medicine | <input type="checkbox"/> Neurology | <input type="checkbox"/> Renal |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Other (Please specify) <input type="text"/> | | <input type="checkbox"/> Vascular Surgery |

Part D Provider Information

Is English Spoken in these Areas?		Other Languages?. Select all that apply		
Physician Staff <input type="checkbox"/>	Admissions <input type="checkbox"/>	<input type="checkbox"/> Arabic	<input type="checkbox"/> German	<input type="checkbox"/> Hindi
Nursing Staff <input type="checkbox"/>	Accounting <input type="checkbox"/>	<input type="checkbox"/> Spanish	<input type="checkbox"/> French	<input type="checkbox"/> Urdu
		<input type="checkbox"/> Mandarin	<input type="checkbox"/> Korean	<input type="checkbox"/> Turkish

Is Accident & Emergency open 24 hours a day with a doctor present? <input type="radio"/> Yes <input type="radio"/> No
Have you a 24-hour on-site doctor led resuscitation service? <input type="radio"/> Yes <input type="radio"/> No
Have you been accredited by a National Accreditations body if one exists <input type="radio"/> Yes <input type="radio"/> No
If yes, please list the name of the body <input type="text"/>
Do you offer any regionally or nationally recognized specialties? <input type="radio"/> Yes <input type="radio"/> No
If yes, please list them. <input type="text"/>

What is your Principal Source of Revenue?
<input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Charity <input type="checkbox"/> 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

Reviewed By