



# AXA Select Provider details form

If you would like to become part of our AXA Select network, please complete and submit the form below.

**On completion of this form, please send a current pricelist and a copy of applicable licences to:**

**Post:** AXA Global Healthcare (UK) Limited, International House, Forest Road, Tunbridge Wells TN2 5FE, UK.

**Email:** Globalnetworks.health@axa.com

## 1 Provider information

Provider name

Physical address

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P.O. Box

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City

Country

Web URL

Telephone

Fax

Member of provider group?

No

Yes ► If yes, please provide the name of group

Provider opening time

## 2 Key contacts

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### Insurance manager

Name

Phone

Fax

Email

### Finance billing manager

Name

Phone

Fax

Email

### Guarantee of payment contact

Name

Phone

Fax

Email

## 3 Provider bank details

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Payee name

Bank name

Bank address

Payment currency

Account number

IBAN number

Swift code

## 4 Complementary information

Please advise of the different languages available to your patients?  
e.g. reception/doctors etc.

Has the provider been accredited by a national/international accreditation body?

No

Yes ► If yes, please specify and provide date(s) accreditation(s) received

Please advise of affiliations or training arrangements with any universities

Please advise of affiliations with other providers on a national/international basis

Please share your latest annual report

## 5 Facility statistics

Total number of beds

Number of admissions per year

Number of private rooms

Average nurse to patient ratio

Number of intensive care beds

24/7 on-site doctor led resuscitation

No  Yes

Average doctor to patient ratio

Wheelchair access

No  Yes

24/7 Accident & Emergency Department

No  Yes

Support for visual impairment

No  Yes

International Patient Centre on-site

No  Yes

Support for hearing impairment

No  Yes

## 6 Providers list of specialities and facilities

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 24 hour CT scan             | <input type="checkbox"/> Heliport            | <input type="checkbox"/> Pathology         |
| <input type="checkbox"/> 24 Hour Emergency Dept      | <input type="checkbox"/> Hematology          | <input type="checkbox"/> Pediatrics        |
| <input type="checkbox"/> Allergy and Immunology      | <input type="checkbox"/> House call doctor   | <input type="checkbox"/> Pediatric Surgery |
| <input type="checkbox"/> Ancillary Medical Providers | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> PET SCAN          |
| <input type="checkbox"/> Blood bank                  | <input type="checkbox"/> Intensivist         | <input type="checkbox"/> Plastic surgery   |
| <input type="checkbox"/> Burn unit                   | <input type="checkbox"/> Internal Medicine   | <input type="checkbox"/> Podiatry          |
| <input type="checkbox"/> Cardiac catheterization lab | <input type="checkbox"/> Laboratory          | <input type="checkbox"/> Psychiatry        |
| <input type="checkbox"/> Cardiology                  | <input type="checkbox"/> Mammography         | <input type="checkbox"/> Pulmonology       |
| <input type="checkbox"/> Cardiovascular Surgery      | <input type="checkbox"/> Maternity nursery   | <input type="checkbox"/> Radiology         |
| <input type="checkbox"/> Colon and Rectal Surgery    | <input type="checkbox"/> MRI                 | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> CT scan                     | <input type="checkbox"/> Nephrology          | <input type="checkbox"/> Rehabilitation    |
| <input type="checkbox"/> Dentistry                   | <input type="checkbox"/> Neurosurgery        | <input type="checkbox"/> Rheumatology      |
| <input type="checkbox"/> Dermatology                 | <input type="checkbox"/> Obstetrics          | <input type="checkbox"/> Sports Medicine   |
| <input type="checkbox"/> Endocrinology               | <input type="checkbox"/> Oncology            | <input type="checkbox"/> Thoracic surgery  |
| <input type="checkbox"/> Family Practice             | <input type="checkbox"/> Ophthalmology       | <input type="checkbox"/> Ultrasound        |
| <input type="checkbox"/> Gastroenterology            | <input type="checkbox"/> Optometry           | <input type="checkbox"/> Urology           |
| <input type="checkbox"/> General Surgery             | <input type="checkbox"/> Orthopedic surgery  | <input type="checkbox"/> Vascular surgery  |
| <input type="checkbox"/> Geriatrics                  | <input type="checkbox"/> Orthopedist         | <input type="checkbox"/> X-Ray             |
| <input type="checkbox"/> Gynecology                  | <input type="checkbox"/> Orthotics           | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Hand Surgery                | <input type="checkbox"/> Otolaryngology      |  |

Please provide details of ancillary services the provider offers. You may attach a separate sheet if necessary:

Is the provider considered as a centre of excellence for specific diagnoses or treatments?

No  Yes ▶ If yes, please specify

**Printed name**

**Signature**

**Job title**

**Date**

D	D	M	M	Y	Y	Y	Y
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