



AXA Select Provider application 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: GlobalNetworkManagement.health@axa.com

1 Provider information

Provider name

Physical address

P.O. Box

City

Country

Web URL

Telephone

Fax

Member of provider group?

No

Yes ► If yes, please provide the name of group

2 Key contacts

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

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

International Patient Centre on-site

No Yes

Number of private rooms

Number of admissions per year

Number of intensive care beds

Average nurse to patient ratio

Average doctor to patient ratio

24/7 on-site doctor led resuscitation

No Yes

24/7 Accident & Emergency Department

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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