



13106 Riverside Drive
Sherman Oaks (Los Angeles), California 91423, USA
+1 (818) 698-8444 (Phone)
+1 (818) 698-8434 (Fax)
info@allenmedicalinternational.com
www.allenmedicalinternational.com

FACILITY INFORMATION

How did you
hear about us?

Please enter your
TIME ZONE:

Facility Name:

Legal
Registered
Name:

Business License#

Company Main
Phone Number

Company
Main Fax

Physical
Address:

P.O. Box

City

Postal
Code

COUNTRY

Web URL

Additional
Locations?

YES

NO

If "YES" please provide information. You may
also attach a separate sheet if necessary.

Location Name

Location Name

Main Contact
Name

Main Contact Name

Job Title

Job Title

E-mail

E-mail

Address

Address

City

City

COUNTRY

COUNTRY

Phone

Phone

Extension

Extension

Fax:

Fax:



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KEY CONTACTS

Main Contact

Name:

Job Title

Phone:

Extension

Mobile

Fax:

E-mail:

Medical Director

Name:

Job Title

Phone:

Extension

Mobile

Fax:

E-mail:

International Patient Coordinator

Name:

Title

Phone:

Extension

Mobile

Fax:

E-mail

Accident & Emergency Department

Name:

Title

Phone:

Extension

Mobile

Fax:

E-mail

Payments Accounts & Credit

Name:

Title

Phone:

Extension

Mobile

Fax:

Signer on Agreements

Name:

Title

Phone:

Extension

Mobile

Fax:

E-mail:

E-mail:



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FACILITY STATISTICS

Total Number of Hospitals or Facilities	Total Number of Doctors	Total Number of Staff	
Total number of beds:	International Patient Centre on-site?	YES	NO
Number of Private Rooms:	Number of Semi-Private Rooms:		
Number of Shared Wards:	Number of Intensive Care Beds:		
Average Doctor to Patient Ratio:	Average Nurse to Patient Ratio:		
Number of International Patients Per year:	Number of Admissions Per Year:		
Number of A&E Visits Per Year:	Number of Day Cases Per Year:		
Complication Rate:	Mortality Rate:	Infection Rate:	
24/7 Accident & Emergency Department?	YES NO	24/7 On-Site Doctor Led Resuscitation?	YES NO
English Spoken Medical Staff?	YES NO	English Spoken Administrative Staff?	YES NO

Fee Schedule/
 Rates
 Attached?

Company
 Brochure/
 Information Attached?



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OTHER INFORMATION

What is the legal entity of your facility?	PRIVATE GOVERNMENT OTHER	If "OTHER", please specify:
Languages spoken by staff:		
Has your facility been accredited by a national/international accreditation body?	YES NO	If "YES", please specify accreditation(s) & date(s) received:
Does your facility have affiliations/training arrangements with any hospitals/universities?	YES NO	If "YES", please specify:
Does your facility have affiliations with other hospitals on a national or international basis?	YES NO	If "YES", please specify:
Does your facility have agreements with international insurance companies?	YES NO	If "YES", please specify:

Is your facility considered as a centre of excellence for specific diagnosis or treatments:

YES
NO

If "YES", please specify:

Have you and/or any of your medical staff trained in the U.S.?

YES
NO

If "YES", please list names & specialties:

Status doctors:
(Please send us a list of the doctors working at your facility)

INDEPENDENT
PAYROLL



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FACILITY LIST OF SPECIALTIES

Check All
Specialties that
applies:

- | | | |
|---------------------|----------------------|------------------|
| ALLERGOLOGY | AMBULANCE - AIR | AMBULANCE GROUND |
| ANESTHESIOLOGY | BLOOD BANK | BURN CENTRE |
| CARDIAC SURGERY | CARDIOLOGY | COSMETIC SURGERY |
| DENTAL SURGERY | DENTISTRY | DERMATOLOGY |
| DIALYSIS IN-PATIENT | DIALYSIS OUT-PATIENT | EMERGENCY |
| ENDOCRINOLOGY | GASTROENTEROLOGY | GENERAL SURGERY |
| GERIATRIC | GYNECOLOGY | HEMATOLOGY |
| HOUSE CALLS | IMAGING | INFECTIOUS |
| IMMUNOLOGY | INTERNAL MEDICINE | LABORATORY |
| MAXILLOFACIAL | NEONTOLOGY | NEPHROLOGY |
| NEUROLOGY | NEUROSURGERY | NUCLEAR MEDICINE |
| OBSTETRICS | OCCUPATIONAL | ONCOLOGY |
| OPHTALMOLOGY | ORGAN TRANSPLANT | ORTHOPAEDICS |
| OTOLARYNGOLOGY | PATHOLOGY | PEDIATRIC |
| PHARMACY | PHYSIOTHERAPY | PLASTIC SURGERY |
| PNEUMOLOGY | PODIATRY | PREVENTATIVE |
| PSYCHIATRY | PSYCHOLOGY | RADIOLOGY |
| RADIATION THERAPY | REHABILITATION | REPRODUCTIVE |
| RHEUMATOLOGY | SPORTS MEDICINE | STOMATOLOGY |
| SUBSTANCE ABUSE | THORACIC SURGERY | TROPICAL DISEASE |
| TRUMATIC SURGERY | VASCULAR SURGERY | UROLOGY |

Others (please list):

MEDICAL TOURISM TREATMENTS

Does your
facility offer
Medical
Tourism?

YES NO

Check all
Medical
Tourism
treatments
offered at your
facility:

Addictive Treatment

Ayurveda

Chronic Diseases

Detox

Eye/Lasik Care

General Surgery

Heart Care/Surgery

Infertility / IVF

Medical Spa Treatments

Obesity/Bariatric Surgery

Pediatric Treatment

Rehabilitation

Spine Care/Surgery

Urology

Yoga Meditation

Alternative Medicine

Cancer Treatment

Cosmetic/Plastic Surgery

ENT

Fertility Treatment

Gynecology Treatment

Herbal Treatment

Laparoscopic Surgery

Natural Therapies

Organ Transplant

Psychiatry

Robotic Surgery

Sports Medicine

Vascular Surgery

Other (list all others if applicable)

Anti Aging

Chinese Medicine

Dentistry

Executive Health Check

General Medicine

Hair Transplantation

Homeopathy Treatment

Laser Surgery

Neurology

Orthopedic/Knee Surgery

Radiology/CT Scan

Skin Care

Stem Cell Therapy

Weight Loss Program

AUTHORIZED SIGNATURE

Authorized

By checking the box at the left and entering your name in the signature field, you are hereby indicating and agreeing that you have the legal right to complete this form on the company's behalf. You are also noting that you are completing this application to enrol in Allen Medical Housecalls International Global Medical Team as a Medical Service Provider in the area of specialties listed within this here application.

Printed Name:

Job Title

Authorized
Signer E-mail

Authorized
Signature:

Date:

Select "SAVE" and/or "PRINT" below and email completed form to,
info@allenmedicalinternational.com.