

# Medical Tourism Association Medical Tourism Facilitator Certification 2009-2010



The Medical Tourism Association Medical Tourism Certification Program is a program that certifies the medical tourism services being offered by medical tourism facilitators. The MTA recognizes that this provides a tremendous benefit to the community at large, to hospitals seeking to establish partnerships with Medical Tourism Facilitators and to insurance companies and employers which may seek to utilize the services offered by Medical Tourism Facilitators in their medical tourism healthcare plans. The MTA Certification Program was created by industry participants and formalized by members of the MTA in an effort to establish best practices when handling foreign patients. The applications submitted to the Program shall be reviewed by a committee. The MTA Certification Program for Medical Tourism Facilitators takes great efforts to maintain the highest standards for its certified members by keeping this program alive through revisions and updates to best assure patient safety in the medical tourism industry. A Committee within the Medical Tourism Association shall review the program annually to make changes as deemed necessary to improve the quality of the program. Provisions are being made to implement peer review of the program. Please submit applications and your questions to [certify@medicaltourismassociation.com](mailto:certify@medicaltourismassociation.com).

## 1. General Questions:

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | Y                        | N                        | N/A                      |
| A. Applicant has listed how many years they have been in business.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Y                        | N                        | N/A                      |
| B. Applicant has listed memberships of any society or associations.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Y                        | N                        | N/A                      |
| C. Applicant has listed the number of patients they have sent since their organization was founded.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Y                        | N                        | N/A                      |
| D. Applicant has listed the number of patients they send on a monthly basis.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Y                        | N                        | N/A                      |
| E. Applicant has adequately provided the number of patients they have sent on a monthly basis for the past 6 months. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**A. Corporate Transparency:**

- |   |                               |                               |                                 |
|---|-------------------------------|-------------------------------|---------------------------------|
| A1. Applicant states the name and address of the corporation and has been verified.             | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| A2. Applicant adequately describes organization and what services are provided.                 | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| A3. Applicant has a mission statement.  | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| A4. Applicant stated names, telephone numbers and addresses of all officers of the corporation. | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |

**B. Risk management**

- |   |                               |                               |                                 |
|---|-------------------------------|-------------------------------|---------------------------------|
| B1. Applicant adequately describes company's strategy/policy of managing risks.                                       | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| B2. Applicant adequately describes company's strategy/policy of managing risks of a Traveling Patient.                | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| B3. Applicant adequately describes company's strategy/policy of managing risks of a Provider.                         | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| B4. Applicant adequately describes company's strategy/policy of managing risks of an Insurance companies or employer. | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |

**C. Legal Recourse**

- |  |                               |                               |                                 |
|--|-------------------------------|-------------------------------|---------------------------------|
| C1. Applicant adequately explains to a patient their legal recourse against the surgeon or hospital.   | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| C2. Applicant adequately explains to the patient their specific legal recourse options for each country you send patients to.                            | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| C3. Applicant has the patient sign a document that they understand their legal recourse.   | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| C4. Applicant has provided documents demonstrating above.  | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| C5. Applicant provides the patient with a copy of the waiver and patient documents the hospital will require to be signed for review prior to departure. | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| C6. Applicant has provided a copy of waivers and applicant's waiver indicates jurisdiction, venue, and choice of law.                                    | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| C7. Applicant has provided the patient with a list of possible complications from the surgery and informed consent form.                                 | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |



C8. Applicant enters into a contract with the patient and has provided a sample contract and any other standard documents provided to the patient.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. Payment**

D1. Applicant does not accept payment from the patient for medical procedures.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. Applicant accepts a deposit from the patient for travel packages or concierge services.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3. Applicant has patients pay the hospital directly.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4. Applicant has provided an adequate description of their refund policy for patient refunds from either their company or the hospitals they work with.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5. Applicant offers patient financing options and has provided a copy of the financing documents provided to patients & disclosed interest %.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E. Insurance**

E1. Applicant has provided a copy of any insurance policy used by the corporation in terms of error & omissions or other liability insurance policy.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2. Applicant has clearly identified the coverage amount and policy term dates or has stated them.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E3. Applicant offers "complications insurance" policies to your patients.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E4. Applicant has provided a copy of the policy offered to patients.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F. Advanced Directives**

F1. Applicant requires a patient to complete an Advanced Directive Form or Living Will.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2. Applicant explains to the patient the legality of Advanced Directives or living will's in the destination country.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F3. Applicant provides written explanation of F2.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G. Operational infrastructure (management, organization, governance, staffing, support services).**

G1. Applicant has adequately described their management structure and/or organizational governance.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G2. Applicant has provided the number of employees that are paid by the corporation as regular salaried employees.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G3. Applicant has provided the number of part time employees or employees that are paid on an independent contractor or agent basis.

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



G4. Applicant has provided a list of Independent Contractors that they use for your company, where they are located and the services they provide. Y  N  N/A

G5. Applicant has listed key personnel and Organizational Chart. Y  N  N/A

G6. Applicant has described any other staffing used to manage requests or travel arrangements for patient seeking medical tourism. Y  N  N/A

**H. Outsourced services**

H1. Applicant has described any outsourcing such as using call centers or using tour operators. Y  N  N/A

H2. Applicant has informed patients of the outsourced services. Y  N  N/A

H3. Applicant states which services are outsourced in marketing materials. Y  N  N/A

H4. Applicant states which services are outsourced on website. Y  N  N/A

**I. Funding (who is behind the corporation, how is the company funded).**

I1. Applicant has described funding/financial backing and stated if they are investor based. Y  N  N/A

I2. Applicant has listed what financial resources are available to them and for how long. Y  N  N/A

**J. Health care experience**

J1. Applicant has described company's experience in health care. Y  N  N/A

J2. Applicant has adequately described how they will be able to promote medical treatment procedures. Y  N  N/A

J3. Applicant has adequately described how do you answer medical-related questions from patient referrals. Y  N  N/A

J4. Applicant has a Medical Advisor . Y  N  N/A

J5. Applicant has provided a copy of said Advisor/s CV and indicated whether the Advisor is full time or part time staff and whether Advisor is compensated on a per patient basis. Y  N  N/A

J6. Applicant has listed any other medical professionals involved in the organization. Y  N  N/A

J7. Applicant has listed what languages staff speaks and in what language they provide the patient documents. Y  N  N/A



**K. Technology**

- |   | Y                        | N                        | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| K1. Applicant has listed the patient management program in place that is software based or web based.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K2. Applicant has described the program privacy compliant to comply with HIPAA or compliant with the privacy laws in the specific countries in their network. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K3. Applicant has described the program's security and proper privacy in place, firewalls and security.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Medical Network**

**L. Measures of success**

- |  | Y                        | N                        | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| L1. Applicant has evaluated providers with which they contract (accreditation, certification, etc).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L2. Applicant has provided any other evidence they require from providers that indicate commitment to quality.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L3. Applicant has performed their own research on the backgrounds and experience of the surgeons within their network.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L4. Applicant has listed those resources they use to do this.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L5. Applicant has described how often they communicate with the provider hospitals to update the information on surgeons CV's, outcome information, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**M. Contracts**

- |  | Y                        | N                        | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| M1. Applicant has contracts with their providers.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M2. Applicant has described if the contract that is signed with provider is it the provider's contract or one that their company created.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M3. Applicants contracts are fee-based.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M4. Applicant contracts are commission-based.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M5. Applicants reveal their commission or fee to patients.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M6. Applicants have provided a sample copy of a contract with a healthcare provider.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M7. Applicant has stated the name and location all of the hospitals and/or clinics in their provider network where surgical procedures are performed for patients using your services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**N. Selection of Surgeons/Surgical Facilities**

- N1. Applicant has described how they go about selecting surgeons for their provider network. Y  N  N/A
- N2. Applicant has described how do they select hospitals or clinics for their provider network. Y  N  N/A
- N3. Applicant provides complimentary medical services such as Dietician, Nutritionist, or Psychologist as part of their package with certain procedures. Y  N  N/A
- N4. Applicant has identified the procedures and the medical services they package with such procedures. Y  N  N/A
- N5. Applicant has personally inspected all of the surgical facilities where they send patients. Y  N  N/A
- N6. Applicant has personally met with each surgeon on their network. Y  N  N/A
- N7. Applicant has described how they validate the credentials and outcomes of surgeons. Y  N  N/A
- N8. Applicant sends patients to hospitals and clinics with English speaking staff and/or foreign patient service centers. Y  N  N/A
- N9. Applicant has listed what percentage of the foreign surgeon or hospitals speak the patients native language. Y  N  N/A

**O. Matching Patients with Providers**

- O1. Applicant has adequately described how they match patients with potential providers. Y  N  N/A
- O2. Applicant has adequately described how they select surgeon options to offer to patients. Y  N  N/A
- O3. Applicant has adequately described how many options of surgeons they provide for a patient. Y  N  N/A
- O4. Applicant has adequately described how many options they provide a patient for hospitals. Y  N  N/A
- O5. Applicant has adequately described how many destination options they provide. Y  N  N/A
- O6. Applicant has listed the person makes the final decision for surgeon or hospital selection. Y  N  N/A
- O7. Applicant recommends the surgeon. Y  N  N/A
- O8. Applicant chooses the surgeon for the patient. Y  N  N/A
- O9. Applicant recommends the provider. Y  N  N/A



O10. Applicant has listed what information they provide to a patient about the surgeons and the hospitals in there network. Y  N  N/A

O11. Applicant has provided copies of the documents they provide to a patient before the patient travels. Y  N  N/A

**P. Marketing**

P1. Applicant has adequately described the marketing initiatives they utilize. Y  N  N/A

P2. Applicant does direct mailing. Y  N  N/A

P3. Applicant attends or exhibit at conferences and consumer conferences or events. Y  N  N/A

P4. Applicant has described which countries or providers (hospitals or surgeons) they promote in there marketing materials and/or website. Y  N  N/A

P5. Applicant does not use language that may be understood to be "overselling" or "exaggerating". Y  N  N/A

P6. Applicant has listed which procedures they promote in their marketing materials and/or website. Y  N  N/A

**Q. Website**

Q1. Applicant has listed all websites. Y  N  N/A

Q2. Applicant's website includes the address and telephone number of the corporation. Y  N  N/A

Q3. Applicants potential patients contact applicant directly from their website. Y  N  N/A

Q4. Applicant's website includes information about the corporation, when it was founded, who runs it. Y  N  N/A

Q5. Applicant has an in house person who updates or makes changes to the website. Y  N  N/A

Q6. Applicant's website contains patient testimonials. Y  N  N/A

Q7. Applicant's website provides information about providers in their network such as surgeon CV's and hospital information and photos. Y  N  N/A

Q8. Applicant's website contains information about surgeon experience and outcomes for particular surgeries. Y  N  N/A



- |  |                               |                               |                                 |
|--|-------------------------------|-------------------------------|---------------------------------|
| Q9. Applicant's website states the source of the information about the surgeons and outcomes.  | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| Q10. Applicant has adequately listed what guarantees are listed on their website.  | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| Q11. Applicant's website contains disclaimers or waivers.  | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| Q12. Applicant does not sell packages to patients from their website that patients can purchase electronically without consultation. | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| Q13. Applicant does not sell products on their website other than the services for medical tourism.                                  | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| Q14. Applicant goes not give awards, prizes, or financial incentives to patients or potential patients.                              | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| Q15. Applicant does not have links to other websites on their website.   | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |

**R. Patient Protocols**

- |   |                               |                               |                                 |
|---|-------------------------------|-------------------------------|---------------------------------|
| R1. Applicant has adequately described the process of patient handling from the time they initiate contact.   | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| R2. Applicant has adequately described the process by which they provide information about the surgeons or hospitals.   | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| R3. Applicant has adequately described the process by which they provide quotations to the patient.   | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| R4. Applicant has stated the length of time for which a quotation is valid.   | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| R5. Applicant has adequately described the process by which a patient accepts a quotation for services.   | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| R6. Applicant has adequately described how many surgical procedures they offer to a patient during one trip.  | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| R7. Applicant has adequately described the process by which they obtain medical records and by which those medical records are transferred to the treating surgeon or hospital. | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| R8. Applicant assists patients with visa and/or passports.  | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| R10. Applicant provides information to patients about vaccinations required.  | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| R11. Applicant assists patients in obtaining vaccinations.  | Y<br><input type="checkbox"/> | N<br><input type="checkbox"/> | N/A<br><input type="checkbox"/> |



R12. Applicant has adequately described records or testing required of patients prior to travel. Y  N  N/A

R13. Applicant requires x-rays or scans prior to travel. Y  N  N/A

R14. Applicant provides the patient with a list of medications or prescriptions for medical care prior to travel. Y  N  N/A

R15. Applicant provides the patient with a list of medical testing required prior to travel. Y  N  N/A

R16. Applicant screens patients for Deep Vein Thrombosis or other clotting susceptibility before travel or upon arrival in the foreign country. Y  N  N/A

R17. Applicant has adequately described evaluation procedures they have in place for patients to determine their perceived mental state. Y  N  N/A

R18. Applicant has declined a patient of services based upon the above. Y  N  N/A

R19. Applicant has adequately described the process following patient acceptance of quotation and prior to patient departure. Y  N  N/A

R20. Applicant has adequately described the processes they participate in from the time of patient departure until the time the patient returns home. Y  N  N/A

R21. Applicant has adequately described any processes or practices they utilize following a patient's return home. Y  N  N/A

R22. Applicant utilizes special protocols for specific medical procedures. Y  N  N/A

R23. Applicant has provided copies of those protocols. Y  N  N/A

R24. For US Citizens applicant follows HIPAA privacy rules. Y  N  N/A

R25. For other countries applicant follow the patients domestic country privacy rules. Y  N  N/A

**S. Communication Protocols**

S1. Applicant personally meets with the patient with whom they contract. Y  N  N/A

S2. Applicant has adequately described what practices they have in place to communicate with a patient's primary care physician, surgeon or therapist. Y  N  N/A

S3. Applicant has adequately described information they provide to the domestic physician. Y  N  N/A



S4. Applicant has adequately described information they provide the patient about increased risk of adding travel and air flights with surgical procedures. Y  N  N/A

S5. Applicant has adequately described practices they have in place for communication between the patient and the surgeon prior to surgery. Y  N  N/A

S6. Applicant has adequately described practices they have in place for communication between the primary care physician and the foreign surgeon. Y  N  N/A

S7. Applicant and network providers provide an informed consent form and treatment plan to the patient. Y  N  N/A

S8. Applicant and network providers explain the risk of complication and who is responsible for payment of healthcare provided in the event of complications. Y  N  N/A

S9. Applicant has adequately described how they validate the necessity of a particular surgery (assuming non-elective procedures). Y  N  N/A

S10. Applicant has adequately described how they handle a patient for whom the surgical procedure sought is not necessary. Y  N  N/A

S11. Applicant has adequately described how a patient contacts them while in the destination country. Y  N  N/A

S12. Applicant has adequately described what "on the ground" services they have available for the patient. Y  N  N/A

S13. Applicant has adequately described what protocols they have in place with the on the ground services. Y  N  N/A

S14. Applicant provides the patient with a translator while in the destination country if necessary. Y  N  N/A

**T. Education Protocols**

T1. Applicant has adequately described what information they provide to a prospective patient in regards to medical tourism, the destination country, the surgical procedure and the surgeons and hospitals or clinics. Y  N  N/A

T2. Applicant provides information to the patient about hospital safety, the availability of blood transfusions, and infection rates. Y  N  N/A

T3. Applicant provides information to the patient about vaccinations and potential health risks involved in traveling to particular locations. Y  N  N/A



**U. Tourism Protocols**

- |   | Y                        | N                        | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| U1. Applicant provides tourist activity options to patients or their companions.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U2. Applicant makes sure the foreign surgeon provides approval for patient to participate in the proposed tourist activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U3. Applicant offers tourism packages included in the package price.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U4. Applicant’s tourism packages are a mandatory part of the package.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U5. Applicant has adequately described what types of tourism packages they provide to patients.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U6. Applicant has an employee or guide for the patient upon arrival in the destination country.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U7. Applicant provides a companion for the patient should the patient request one.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U8. Applicant assists the patient with arranging flights.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U9. Applicant purchases flight tickets on behalf of the patient.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U10. Applicant provides airport pickup and drop off at the domestic airport and the foreign airport.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**V. Aftercare Protocols**

- |  | Y                        | N                        | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| V1. Applicant has adequately described the types of facilities they offer to patients following their release from the hospital. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V2. Applicant has personally inspected the aftercare facilities where they send patients.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V3. Applicant’s patient pays for this lodging as part of the package.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V4. Applicant does not receive commissions from the aftercare facilities based upon usage and number of nights of patient stay.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V5. Applicant uses aftercare facilities that offer medical services  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V6. Applicant utilizes “recovery resorts”.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V7. Applicant’s aftercare facilities provide modified menus for patients with special needs.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



V8. Applicant's aftercare facilities provide 24 hour service emergency services. Y  N  N/A

V9. Applicant offers nursing to patients if needed at the aftercare facility. Y  N  N/A

V10. Applicant provides the quotation for the cost of such services prior to the patient executing a contract. Y  N  N/A

V11. Applicant provides transportation for the patient to travel from the aftercare facility to the surgeon, hospital or clinic. Y  N  N/A

V12. Applicant has adequately described how they address wound care for patients staying at aftercare facilities. Y  N  N/A

V13. Applicant has adequately described how they address physical therapy for patients staying at aftercare facilities. Y  N  N/A

V14. Applicant has listed the duration they require patients to stay in the destination country following surgery. Y  N  N/A

**W. Follow Up Care Protocols**

W1. Applicant provides a treatment plan for continuity of care in the domestic location for when the patient returns home. Y  N  N/A

W2. Applicant assists the patient in finding providers of such care and a cost to assure the patient has financing to obtain continued care. Y  N  N/A

W3. Applicant communicates with the patient often upon their return home from the surgery. Y  N  N/A

W4. Applicant receives a copy of the patient's discharge instructions. Y  N  N/A

W5. Applicant follows up with the patient's primary care physician in the domestic country. Y  N  N/A

W6. Applicant confirms that the patient complies with the discharge instructions and post operative treatment plan for the patient. Y  N  N/A

W7. Applicant arranges the aftercare process prior to the patient traveling to the foreign country. Y  N  N/A

W8. Applicant has described the process by which they accomplish the above. Y  N  N/A

**X. Patient Advocacy**

X1. Applicant has described protocols they have in place for patient complaints against a surgeon or hospital. Y  N  N/A



**Y. Claims and Complaints**

- |   | Y                        | N                        | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| Y1. Applicant's company has not had a complaint filed against them by a patient, surgeon, hospital, in any Embassy, court system, civil proceeding or dispute resolution venue. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y2. Applicant has adequately explained the circumstances and the resolution of the matter.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y3. Applicant has had a patient under contract die as a result of or related to the surgery for which the patient traveled through applicant for care.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y4. Applicant has had a patient claim that a provider from whom they received care in your network committed malpractice or medical negligence.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y5. Applicant has had a patient file a complaint against a surgeon or hospital.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y6. Applicant has had a patient file a complaint directly against them.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y7. Applicant has had a doctor, dentist or hospital that refused to work with them, or refused to work with them on a specific patient.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y8. Applicant provides a questionnaire to the patient after the surgery to determine patient satisfaction and/or problems.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Z. Insurance Companies and Employers**

- |  | Y                        | N                        | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| Z1. Applicant offers services to insurance companies, employers or health insurance agents.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Z2. Applicant has described what language they suggest for medical tourism to be added to plan Documents/contract languages. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Z3. Applicant has a requirement of accreditation of hospitals/clinics for insurance companies or employers.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Z4. Applicant complies with HIPAA or other privacy laws of the patient's home country.                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Z5. Applicant has provided a sample of information provided to employers and insurance companies.                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Z6. Applicant has provided communication material that they would supply to employees or the insured.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Z7. Applicant has listed what information they provide during annual open enrollments.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Z8. Applicant has listed incentives they suggest employers or insurance companies provide.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Z9. Applicant has listed how they make their fees from employers and insurance companies.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Z10. Applicant takes a commission from the hospital or charge a \$ amount, or a mix of both.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Z11. Applicant has listed what countries and hospitals they offer to employers and insurance companies.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Z12. Applicant has provided a copy of any waivers they require an employee or insured to sign.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Z13. Applicant has provided a copy of marketing material provided to insurance companies and employers.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Z14. Applicant has listed surgeries they make available for insurance companies and employers.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Z15. Applicant has listed disclosures they provide to employers and insurance companies.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Z16. Applicant has the ability to handle customer inquiries if an employer or insurance company chooses them.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Z17. Applicant has the ability to expand if needed.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



Date:

Corporate Information

Corporate Identification Number: (assigned by MTA)

Corporate Name or DBA:

Corporate Director or Main Contact:

Address:

City:

State:

Country:

Zip Code:

Telephone:

Fax:

Website:

Email:

Name of Facility Owners, Controlling Shareholders, Beneficial Owners:

Officers, Managers or Advisors:

Certification History:

Not previously certified by MTA

Previously Certified by MTA

Last Date of Application (Comments):

Last Date of Certification (Comments):

Other Certification or Accreditation Status:

Certification Evaluator Name and Contact Info:

Signature:

Date:



### **Tenets of Usage of the MTA Certification Program for Medical Tourism Facilitators**

The MTA, as an international non-profit trade industry group hold three tenets at its core: Providing transparency in terms of quality and pricing, fostering communication amongst industry participants, and education of the community as a whole. The Certification program is an extensive of our efforts to provide transparency. Any changes within a company's application must be reported to the MTA Certification Committee in writing within thirty days of implementation of such change.

### **Peer Review and Patient Surveys**

The Medical Tourism Association, through its Certification Committee reserves the right to request applicant to provide contact information for patients and medical facility partners as needed to complete follow up surveys and peer review evaluations with respect to their services. Applicant shall submit a form for reevaluation each year in order to achieve recertification. This reevaluation form shall be completed by the Applicant and submitted electronically at the end of each certification year term.

### **Revocation of Certification or Denial of Certification**

The Medical Tourism Association, through its Certification Committee reserves the right to deny Applicant's request for Certification for any reason. Certification is not a right. The process of Certification involves application, interview, and where and if applicable, site inspection or field review. If the Certification Committee recommends denial of application, Applicant has the right to Appeal the Denial and request an interview with the Certification Committee and the Certification Committee may reconsider the application based upon additional information provided by the Applicant. There is no additional cost for Appeal, however, should the Applicant reapply for Certification at a later date, a new application fee is required.

### **Privacy**

The Medical Tourism Association and the Certification Committee protects the privacy rights of the Applicant. All Applications are held confidential and the information contained in the applications is kept confidential. Applicant agrees that the evaluation results may be published on the website or written reports of the Medical Tourism Association in order to further the transparency of the program.

### **Venue**

Applicant agrees to any dispute over certification, sole venue and law shall be in Palm Beach County, Florida, USA. Applicant also agrees to remove the certification logo upon 24 hours notice of a demand by the MTA for it's removal.

### **Indemnification**

Applicant shall defend, indemnify and hold MTA, it's officers, employees and agents harmless from and against any and all liability, loss expense, (including reasonable attorney's fees) or claims for injury or damage arising out of any action or lawsuit brought against the MTA because of it's certification of applicant.

### **Attests**

Applicant attests that all statements made in this application are complete and true, and that no false statements have been made. Applicant agrees not to misrepresent what the certification program is to consumers or customers. Applicant agrees to hold themselves and to the highest standards in the industry and to follow the three tenets of the MTA in regards to transparency in quality pricing and patient safety.

Signature:

Date:

Title