AXA Select Provider details form

If you would like to become part of our AXA Select network, please complete each section of this form.

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

Facility 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

Facility opening times

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 Licence to practice

Please list the licences to practice your facility holds and who is the governing body that administers these licences.

Who is the licence holder?

Who is responsible for the licence?

If you are part of a group is the licence applicable to the whole group?

☐ **No**

☐ **Yes** ▶ If yes, please list names of applicable facilities.

Please send a copy of applicable licences.

5 Accreditations

Please list the accreditations your facility holds

Who is the accreditation holder?

Who is responsible for the accreditation?

If you are part of a group is the accreditations applicable to the whole group?

☐ **No**

☐ **Yes** ▶ If yes, please list names of applicable facilities.

Please send a copy of applicable accreditations.

6 Complementary information

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

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

7 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**

Are you able to provide virtual appointments? ☐ **No** ☐ **Yes** ▶ If yes, please advise which services are available virtually:

8 Providers list of specialities and facilities

- ☐ Acupuncture
- ☐ Adolescent psychiatry care
- ☐ Allergology
- ☐ Anaesthetics
- ☐ Angio-phlebology
- ☐ Audiology
- ☐ Aviation Medicine
- ☐ Behavioural/Cognitive Therapy
- ☐ Biology
- ☐ Cardiology
- ☐ Child psychiatry
- ☐ Chinese Medicine
- ☐ Chiropractor
- ☐ Counselling
- ☐ Cytology
- ☐ Dental, oral and maxillo-facial surgery
- ☐ Dentist
- ☐ Dermato-venerology
- ☐ Dermatology
- ☐ Dietetics
- ☐ Ear, Nose and Throat
- ☐ Emergency medicine
- ☐ Endocrinology
- ☐ Epidemiology
- ☐ Family Medicine
- ☐ Gastro-enterologic surgery
- ☐ Gastroenterology
- ☐ Gender Reassignment services
- ☐ General Practice
- ☐ General surgery
- ☐ Genetic medicine
- ☐ Genito-Urinary Medicine
- ☐ Geriatrics
- ☐ Gynaecology and Obstetrics
- ☐ Hematology
- ☐ Hepatology
- ☐ Histopathology
- ☐ Homeopathy
- ☐ Immunology
- ☐ Infectiology
- ☐ Intensive Care Medicine
- ☐ Internal medicine
- ☐ Laboratory
- ☐ Maxillo-facial surgery
- ☐ Microbiology
- ☐ Midwifery
- ☐ Neonatology
- ☐ Nephrology
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Nuclear medicine
- ☐ Nursing
- ☐ Nutrition
- ☐ Occupational medicine
- ☐ Oculoplastic
- ☐ Oncology
- ☐ Ophthalmology
- ☐ Optical
- ☐ Orthopaedics
- ☐ Osteopath
- ☐ Otology
- ☐ Otorhinolaryngology
- ☐ Paediatric surgery
- ☐ Paediatrics
- ☐ Pain Management
- ☐ Palliative Medicine
- ☐ Pathology
- ☐ Perinatology
- ☐ Pharmacology
- ☐ Pharmacy
- ☐ Phlebotomy
- ☐ Physiotherapy
- ☐ Plastic surgery
- ☐ Podiatry
- ☐ Proctology
- ☐ Prosthetics
- ☐ Psychiatry
- ☐ Psychology
- ☐ Public health and Preventive Medicine
- ☐ Pulmonology
- ☐ Radiology
- ☐ Radiotherapy
- ☐ Rehabilitation
- ☐ Reproductive Medicine
- ☐ Rheumatology
- ☐ Rhinology
- ☐ Somnology
- ☐ Speech therapist
- ☐ Sport Medicine
- ☐ Stomatology
- ☐ Thoracic surgery
- ☐ Toxicology
- ☐ Transplant Centre
- ☐ Traumatology
- ☐ Tropical medicine
- ☐ Urology
- ☐ Vascular surgery
- ☐ Venereology
- ☐ Virtual Services

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

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

☐ **No** ☐ **Yes** ▶ If yes, please specify

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9 Governance

What was the date of your last business continuity/disaster recovery plan?

D D M M Y Y Y Y

When is your public liability insurance due for renewal?

D D M M Y Y Y Y

What is the maximum cover held?

Policy number

Insurer

When is you professional indemnity insurance due for renewal?

D D M M Y Y Y Y

What is the maximum cover held?

Policy number

Insurer

What date is your employee liability insurance renewal?

D D M M Y Y Y Y

What is the maximum cover held?

Policy number

Insurer

What date is your cyber and data risk insurance due for renewal?

D D M M Y Y Y Y

What is the maximum cover held?

Policy number

Insurer

What date was your clinical governance policy last updated?

D D M M Y Y Y Y

What was the date of your last management of adverse or near miss incident report?

D D M M Y Y Y Y

What was the date of your last whistle-blowing policy review?

D D M M Y Y Y Y

What was the date of your last complaints policy review?

D D M M Y Y Y Y

Are action plans created and acted upon as a result of patient feedback?

- ☐ No
- ☐ Yes

Is all staff training up to date and documented?

- ☐ No
- ☐ Yes

Are nurses employed by the facility?

- ☐ No
- ☐ Yes

Are specialists employed by the facility?

- ☐ No
- ☐ Yes

Can you confirm that you will inform AGH if any consultant is subject to investigation by any professional body?

- ☐ No
- ☐ Yes

When is your infection control policy next due for review?

D D M M Y Y Y Y

When is your next risk assessment of the facility due?

D D M M Y Y Y Y

Please confirm the geographical location where data is stored

10 Data Management & Data Protection

AXA are committed to ensuring personal information is protected, when entering in to an agreement with AXA you are agreeing to comply with all obligations under the Data Protection Legislation.

We are required by law to discuss information with the law enforcement agencies about specific fraudulent claims and other crimes. We will disclose information to third parties including other insurers for the purpose of prevention or investigating crime including suspicion of fraud.

Is your medical record keeping in accordance with guidance from the relevant professional bodies?

☐ No
☐ Yes

Do your records include details of consent?

☐ No
☐ Yes

Do you perform background verification and security checks for all new personnel (permanent, contracted and temporary)?

☐ No
☐ Yes

Do your employment contracts include specific sections to protect your information assets, and include employees and contractors responsible for information security?

☐ No
☐ Yes

Have you developed and implemented procedures for secure disposal of sensitive records and data when no longer required?

☐ No
☐ Yes

Do you have physical security measures in place covering your organizations offices, rooms and facilities?

☐ No
☐ Yes

How does your organization safeguard against cyber security threats?

Do you perform at least annually independent security tests, including venerability tests and penetration tests on your network and applications?

☐ No
☐ Yes

Where is your data stored and hosted?

Do you complete a ROPA?

☐ No
☐ Yes

Do you have procedures and measures in place in case of a data breach?

☐ No
☐ Yes

If the Data Breach is linked to an AGH member how would you notify us?

Printed name

Signature

Job title

Date

D D M M Y Y Y Y