

International Patients Steps for Care

If you are a patient from a country other than the United States (US), here are the steps you will need to follow to obtain an appointment for evaluation or care at Capital Health.

1. **Intake Form** - Provide a completed international patient intake form for Capital Health.
2. **Medical Records** - You will be asked to submit a complete package of the patient's medical records (with all portions of the record translated into English). If needed, Capital Health can assist with the translation for a fee.
3. **Cost to Evaluate Medical Condition** - One of our representatives will reach out to you regarding the cost for our physicians to evaluate your case.
4. **Medical Team Evaluation** - Based on the information and medical records provided to Capital Health, our physicians will provide a preliminary diagnosis and proposed evaluation and treatment recommendations. Capital Health will also provide a cost estimate for the anticipated services.
5. **Scheduling an Appointment** – Should the patient want to receive further evaluation or treatment on-site at Capital Health, our team will work with the patient/family and our medical clinics to schedule an appointment/treatment schedule.
6. **Payment Coordination** – Payment for on-site services are non-refundable and must be made prior to visit. One of our representatives will contact you to arrange payment. A letter of appointment will be issued to the patient/family.



INTERNATIONAL PATIENT INFORMATION FORM

Contact Information

Patient Name:

(Last)

(First)

(Middle)

Date of Birth: _____ Sex: M F

Foreign Address:

Tel: _____ Fax: _____

Cell: _____ E-Mail: _____

US Contact (if any)

Contact Name: _____

Relationship: _____

Address:

Tel: _____ Fax: _____

Cell: _____ E-Mail: _____



PATIENT MEDICAL INFORMATION

Diagnosis or Chief Complaints:

Please attach copies of all medical records/files (translated in English), imaging and laboratory test. If needed, Capital Health can assist with the translation for a fee.

Special Appointment Requests/Patient Availability

Services Requested

Please indicate if the patient/patients family requires assistance with any of the following:

Interpreter Services Yes No If yes, indicate the language _____

Accommodations Yes No If yes, indicate price range _____

Transportation from
Airport Yes No If yes, indicate the flight information and number of persons traveling

Please indicate any special needs/requests the patient might have **(attach additional page as needed)**:

Referral Information

Who referred you to us? **(Please provide name, relationship, and contact information)**

How did you hear about us? **(Check all that apply)**

- Physician Referral Relative Website
- Friend, Media (Radio, TV, Newspaper, Magazine) Other: **(please specify)**



INTERNATIONAL PATIENT FINANCIAL POLICY

1. You will be provided with a written estimate of charges as soon as a treatment plan is available.
2. Payment is required prior to services being provided. The initial deposit will be 100% of our estimate of total charges.
3. All payments are expected to be made in US dollars. Capital Health accepts VISA, MasterCard and American Express. During your course of treatment, additional fees will be required if services are outside of the scope of the recommended treatment and management plan.
4. A final billing statement will be completed and forwarded to you 45 days following the completion of your treatment.

The undersigned certifies that he/she has read the foregoing and agrees to its terms:

Patient or Representative

Date