

International Health Patient Care Services

The following is an application process for all International patients who are referred to Children's Mercy Hospital (CMH). Please review each step and should you require additional information or assistance, please contact the International Patient Coordinator in the Social Work & Community Services Department at (816) 234-3722, or Fax (816) 855-1797.

Step #1: Medical Review

Every appointment request begins with a complete application review of your child's current medical status. To begin the medical review process, you will need to fill out the International Patient Form (see attached). This form must be returned with your child's current medical history summary (no more than 30 days old), and copies of all pathology, laboratory, surgery or diagnostic imaging reports. We ask that all information be provided in English.

Once the international patient service staff has reviewed the required information, we will forward all materials to the appropriate medical personal. After all the written completed application is received, the review process takes 10-20 working days, but can take longer. Once the review has been completed, the social worker will contact you or your physician with the opinion and if appropriate, a tentative plan of medical care recommended. Please note that a confirmed treatment plan can only be provided at the time your child is examined at CMH. Once your child is examined at CMH, changes could occur to the medical plan.

Step #2: Medical Services Cost Estimate

Based on this initial treatment recommendation, the Screening staff will prepare a Medical Services Cost Estimate which details the estimated charges for both hospital resources and the physicians involved in your child's tentative plan of care. When possible, we will provide information regarding any potential additional costs such as medical equipment and supplies, pharmacy items, or outpatient therapy. If requested, staff also can advise you on availability and costs associated with hotel or temporary housing in Kansas City Missouri, as well as transportation in and around the city.

Please note:

- **The Medical Services Cost Estimate** is NOT a packaged price arrangement, nor does it represent the **actual costs** of diagnostic evaluation and subsequent treatment.
- The proposed plan of care can change once your child has been examined at CMH, and, can change even during the actual treatment process. **The Medical Services Cost Estimate** will be revised according to the physician's treatment recommendations and any changed which apply.

It is essential to understand that CMH and Clinics physicians and staff work as a team to provide you and your family with the most accurate medical and financial information possible. However, in most cases, it is impossible to identify all the factors that can impact your child's diagnosis and subsequent treatment recommendations, or to understand the complexity of the disease or condition, until a CMH physician examines your child.

Step #3: Financial Screening

Once you have received the recommended plan of care and associated Medical Services Cost Estimate, the Social Work & Community Services Department will work closely with you to:

- Verify your insurance coverage and identify any restrictions, limitations, or co-payments required, or;
- Obtain the appropriate Letter of Guarantee from your sponsor;
- Review the costs identified with the proposed treatment plan.

The Letter of Guarantee or proof of insurance coverage must be provided to the Social Work & Community Services Department at least 5 days in advance of your child's first visit.

If you do not have insurance coverage or sponsorship that can be verified, you will be required to pay the **Medical Services Cost Estimate** in advance of your child's first appointment. The full payment is required 5 days in advance of your child's first visit. If you are unable to pay the full payment amount 5 days in advance of your child's first visit, any scheduled appointments may be postponed or cancelled.

All payments are expected to be made in U.S. dollars. Children's Mercy Hospital accepts VISA, MasterCard, American Express and Discover. Personal and cashiers checks are also acceptable when written on a U.S. Bank. No checks written on banks outside the U.S. will be accepted without prior approval.

To further facilitate the financial process, CMH accepts United States bank checks, wire transfers, cash and credit cards (Visa, MasterCard, Discover, and American Express). Wiring instructions are as follows:

- **Bank Name:** _____
- **ABA Number:** _____

(ABA number represents the electronic address of the bank)

- **Bank Account Name:** _____
- **Bank Account Number:** _____
- **Patient Name:** _____
- **Social Work & Community Services Department:** _____
- **Attention:** _____

Please make sure to include all information requested above.

Step # 4: Appointment Scheduling

Once the financial screening requirements have been met, confirmation of scheduled appointments will be verified with the family. The international patient coordinator will provide

you with an updated schedule of all appointments, information regarding the services, and any resources at Children's Mercy and in the Kansas City area.

Shortly after your arrival to CMH, the international patient coordinator will meet with your family to provide you with any additional information about the hospital and the various services that may be beneficial to you.

While at CMH you will be informed of any additional medical cost, and arrangements for payment can be discussed with the international patient coordinator.

Step # 5: Patient/Family Services

To help you prepare for your visit, the Social Work Department provides many support services to make your visit at Children's Mercy Hospital as simple and easy as possible.

The Social Work office is open from 8:30 a.m. to 5 p.m., Monday through Friday. On weekends and after normal business hours, there is a dedicated on-call staff that will assist you in any needs you might have.

INTERNATIONAL PATIENT FORM

Patient Information

Patient's Name	Last	First	Sex	F	M	Birth date	Referral date
Treatment Requested	Diagnosis					Have you had contact with CMH Physician?	Yes No
Address	Street	City	Country			Zone/Zip	
Parent's Name	Home Phone				Day/work phone		
Language spoken	Translator services needed		Is patient receiving medical treatment in home country?				
	Yes	No					
Name of Parent/Guardian to accompany child	Relationship to patient			Phone number			

Contact Person

Name	First	Middle	Last	Phone number	Relationship to Patient
Address	Street	City	Country	Zip	

Payment Information/Person to Bill

Name of Insurance		Self-Pay		Contract Holders Name	
Name/address to bill	Street	City	Country	Zip	
Plan	Service	Group			Contract Number

Referring Physician/Embassy or Health Office

Physician's name	Reason for referral	Medical Report to be Mailed?
		Yes No
Embassy or Health Office		Phone Number
Address	Street	City Country Zip

Legal Status

Visa Type:	a) Green Card/Permanent Resident Card	b) Undocumented	c) Refugee	d) Other
Entry date:				

Follow up Care

Is there follow up care in home country?	Physician's name/number to contact
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Questions, Comments, Concerns: _____

Taken By: _____