



The Medical Tourism Council (MTC), under the directions of Dubai Health Authority (DHA) acknowledges your interest to become a member of Dubai Health Experience (DXH) Group,

which aims to position Dubai as a hub for healthcare service for medical tourists. Dubai's medical tourism strategy is built on **Transparency, Talent** and **Trust**, which forms the backbone of the health system.

Instructions for Application Form:

The Membership application form has to be completed electronically and submitted through the DXH Portal. Please ensure that all fields are completed prior to submitting the form. If you have any questions concerning this form or the DXH Group Membership in general, kindly contact our team on +97142193678/3763 or email us on medicaltourism@dha.gov.ae.

Membership Eligibility and Qualifying Criteria:

All healthcare facilities with an aim to promote medical tourism services in Dubai are eligible to apply to become a member of DXH Group. All Eligibility Application forms for membership will be evaluated according to established criteria and subsequently, the **“Certificate of Membership”** shall be granted on acceptance into the DXH Group. All members shall be reviewed and evaluated annually by the MTC.

**** DHA shall have absolute discretion in its decision to accept a specific Member or the type of Membership assigned.***

Goals of DXH Group:

- To facilitate the Dubai Health Experience program which aims to promote Dubai as a preferred medical tourism destination
- To gather and promote medical tourism services offered by member facilities in regionally and globally recognized medical tourism events and activities
- To collectively contribute to the Dubai medical tourism strategy by identifying new markets and service offering
- To be an official voice of the private healthcare sector on topics related to medical tourism, healthcare and wellness
- To provide a trusted source of direction and information pertaining to medical tourism for current and new members
- To gather and analyze information on global and local medical tourism trends
- To propose promotional strategies for DMT
- To engage in DMT promotional activities in target markets
- To review and evaluate the performance of DMT initiative
- To address shortcomings and deficiencies faced by the DXH Group members in relation to medical tourism
- To participate in Medical Tourism conferences and exhibitions along with DHA

CONTACT INFORMATION

FACILITY NAME

ADDRESS

TELEPHONE

WEBSITE

CONTACT PERSON:

• Designation:

• Email :

MOBILE

MEDICAL DIRECTOR:

• Email :

MOBILE

CHIEF EXECUTIVE OFFICER:

• Email :

MOBILE

NOTE: The contact persons will be the single point of contact between the Member facility and MTO. The contact person shall receive all publications, notifications, and events invites.

FACILITY INFORMATION

1. GROUP NAME (if any)

2. DATE OF COMMENCING OPERATION (Date on First DHA License)

(DD) (MM) (YYYY)

3. LIST OF FACILITIES/BRANCHES

| TYPE OF FACILITY | NAMES |
|--|-------|
| Hospital | |
| Day Surgical Center | |
| Outpatient Care Clinic | |
| Diagnostic Imaging Centre | |
| Clinical Laboratory | |
| Rehabilitation Centre | |
| Assisted reproductive technology Centers | |
| Others | |

4. NUMBER OF DOCTORS

Full -time ----- Part-time -----

Total Number of Doctors by Specialty.....

5. INTERNATIONAL ACCREDITATIONS- Please indicate if your facility has more than one.

YES

NO

1. Name of Accrediting body:

Valid until:

/ /

2. Name of Accrediting body:

Valid until:

/ /

3. Name of Accrediting body:

Valid until:

/ /

6. INTERNATIONAL AFFILIATION

- List of branches in other Countries

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- Affiliation with other clinic / hospital abroad

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- Joint Venture or Investment in Hospital or Clinics outside UAE.

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.....

7. OWNERSHIP / MANAGEMENT

Facility managed/ owned by an establishment facility from another country?

- YES NO

If yes, please provide details of Parent Organization and Head Office Address

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MEDICAL TOURISM

1. IS YOUR FACILITY CURRENTLY PROMOTING MEDICAL TOURISM

- YES NO

If yes, List promotional tools

Website

Events

Facilitators

Promotions

Abroad

Others, kindly specify

2. HOSPITALITY SERVICES OFFERED FOR INTERNATIONAL PATIENT

Patient Coordinator

Translator

Hotel stay Discounts

Airport picks up and drops off

Others, kindly specify

3. ARE YOU WILLING TO CREATE BESPOKE MEDICAL TOURISM PROMOTIONAL PACKAGES DEDICATED TO THE DUBAI MEDICAL TOURISM PROGRAM?

YES

NO

If yes, are the packages specially designed for Medical Tourists?

YES

NO

4. LIST THE SPECIALTIES THAT YOUR FACILITY INTENDS TO OFFER FOR MEDICAL TOURISM.

1.

2.

3.

4.

5.

IF YOUR FACILITY IS ACTIVELY ENGAGED WITH MEDICAL TOURISM, KINDLY UPDATE THE FOLLOWING INFORMATION

a. TOP THREE (3) DESTINATION SOURCES OF MEDICAL TOURISTS VISTING YOUR FACILITY

1.

2.

3.

5. TOTAL NUMBER OF MEDICAL TOURISTS IN 2013, 2014, AND 2015, RESPECTIVELY

2014 2015 2016

FACILITY EVALUATION

The information requested below is essential for evaluating your facility based on the services offered and performance. All additional information and supporting documents can be included as attachment.

- A brief description about the facility, location, services offered, accreditations and recognitions
- A brief description about the specialties, prices, key specialists/ surgeons and volumes for your facility(s)
- *(Please fill a separate form for each hospital/ clinic/ medical centers under your management in Dubai)*

| Specialty | Procedure/ treatment | Volume (2014) | Volume (2015) | Volume (2016) | Current Prices (in AED) | Key Physicians (Name as per |
|-----------|----------------------|---------------|---------------|---------------|-------------------------|-----------------------------|
|-----------|----------------------|---------------|---------------|---------------|-------------------------|-----------------------------|

| | | | | | | Sheryan license) |
|---|---|----------------------|----------------------|----------------------|--------------------------------|---|
| Ophthalmology | Vision correction by implantation of lenses | | | | | |
| | Corneal graft | | | | | |
| | Lasik | | | | | |
| | Surgical treatment of glaucoma | | | | | |
| | Surgical treatment of strabismus | | | | | |
| | Others | | | | | |
| Cosmetic Surgeries | Rhinoplasty | | | | | |
| | Face lift | | | | | |
| | Breast Augmentation | | | | | |
| | Eyelids and Forehead Surgery | | | | | |
| | Hair Transplantation | | | | | |
| | Tummy tuck | | | | | |
| | Breast Reduction | | | | | |
| | Others | | | | | |
| Dental Procedures | Crowns | | | | | |
| | Dentures | | | | | |
| | Veneers | | | | | |
| | Implants | | | | | |
| | Root canal | | | | | |
| | Tooth Whitening | | | | | |
| | Others | | | | | |
| Specialty | Procedure/ treatment | Volume (2013) | Volume (2014) | Volume (2015) | Current Prices (in AED) | Key Physicians (Name as per Sheryan) |
| Orthopedic Surgeries and Sports Medicine | Knee replacement | | | | | |
| | Hip replacement | | | | | |
| | Spinal surgery | | | | | |
| | Sports Medicine | | | | | |
| | Others | | | | | |
| Wellness | Health check ups | | | | | |

| | | | | | | |
|---|--------------------------------------|--|--|--|--|--|
| | Spas – Detox & Rejuvenation packages | | | | | |
| | Weight loss Treatments | | | | | |
| | Health Nutrition | | | | | |
| Dermatology | Laser Hair Removal | | | | | |
| | Skin treatments | | | | | |
| | Others | | | | | |
| Assisted reproductive technology Centers | IVF | | | | | |
| | Genetics | | | | | |
| | Intracytoplasmic sperm injections | | | | | |
| | Laparoscopic surgery | | | | | |
| | Gender Determination tests | | | | | |
| | Others | | | | | |

- A one page CV for each of the above consultants or specialist physicians listing their educational qualifications, credentials and their experience with a possible mention of number of procedures performed related to their clinical specialties.
- Please attach a pdf copy of the CVs.
- A brief on visiting clinicians to your facility with description of their qualifications and experience (Related to procedures and treatments within the medical tourism priorities only)
- Clinical and Operational Outcomes for your facilities for the above listed procedures treatments.

| Key Performance Indicator (KPI) | Outcome in 2014 (Annual) | Outcome in 2015 (Annual) | Outcome in 2016 (Annual) |
|--|---------------------------|--------------------------|--------------------------|
| Clinical Indicators | | | |
| Mortality rate | | | |
| Infection rate | | | |
| Hospital readmissions | | | |
| Medical Complaints | | | |
| Patient Safety & Quality Indicators | | | |
| Patient Satisfaction Rate | | | |
| No of Sentinel Events | | | |

| | | | |
|---------------------------------------|--|--|--|
| Adverse Events and Incidents Reported | | | |
| Average length of stay - IP | | | |
| Average waiting time - OP | | | |

| Service Excellence Indicators – indicate YES/NO and provide proof as attachment | Outcome in 2014 (Annual) | Outcome in 2015 (Annual) | Outcome in 2016 (Annual) |
|---|---------------------------|--------------------------|--------------------------|
| Translator services of at least 5 languages | | | |
| International Patient Department or Coordinators | | | |
| Medical Tourists assistance services offered like visa processing, hotel booking etc. | | | |
| Proof of how your organization contributes to the Dubai Medical Tourism strategy as a healthcare provider (Include attachments) | | | |

TERMS AND CONDITIONS

• APPLICATION PROCESS

- This application form applies solely to Healthcare Facilities in the Emirate of Dubai, licensed by Dubai Health Authority.
- Provide a complete Membership Application Form including all relevant information. All Fields are mandatory.
- The Medical Tourism Council will evaluate the applicant healthcare facility based on an internal review which will require 15 business working days
- Nominate a coordinator to be the main point of contact between DXH Group and the Member Facility.
- The nominated coordinator will receive notification from DXH Group that the Membership Application is accepted and the granted Membership.

• DETERMINATION OF MEMBERSHIP

- Acceptance of an Application to DXH Group and Membership assigned shall be decided according to the decision of Dubai Health Authority and Dubai Medical Tourism Council based on the evaluation of the submitted information.
- Facility Members must inform DXH Group in writing about any changes that may affect its eligibility for membership within 5 working days.
- Members will be informed upon renewal of membership.

- **MEMBERSHIP**

- Details of benefits attributed with Membership will be outlined on the Medical Tourism Council Web Portal; as launched. Moreover, it can be requested from the DXH Group Administration.
- Dubai Medical Tourism Council has the right to evaluate Member Facilities periodically, and consequently retain membership and benefits, granting the Member Facility 10 Days' Notice. Information will announced on the Medical Tourism Web Portal, prior to implementation.
- Each member shall receive a "Certificate of Membership" with a validity of 12 months (1year), which shall be renewed annual, on the discretion of the MTC.
- All members shall cooperate with the MTC, by providing specialized Medical tourism packages for the success of the Dubai Medical Tourism Program
- All members shall accurately and timely provide all relevant statistics as requested by the Health Regulations Section.
- All members shall provide relevant marketing materials in support of the Dubai Medical Tourism campaigns.

- **MEMBERSHIP FEES:**

- Notwithstanding the conditions listed below the Membership to DXH Group is Free, until any further notice from DHA or DXH Group Administration.
- The membership year begins on January 1 and end on 31 December of each calendar year, subscriptions are payable annually in advance.
- The (DXH) Group will issue an invoice in the amount applicable to the relevant Membership Type, prior to an Applicant being eligible for membership
- Membership fees may be revised and will be notified to Members on the Medical Tourism portal.
- Payments, if any, must be made within 30 calendar days from the date of the invoice and must be in UAE Dirhams only.
- All invoices will be sent to the address designated in the Membership Application Form.
- No refund.
- Fees for Members joining mid-year will be calculated pro rata rounded down to the nearest month

- **INTELLECTUAL PROPERTY**

- Each Facility Member explicitly authorize DXH Group to use their name, logo and trademark on the MT portal, Members' Directory, all official publications and materials, as of being approved as a Facility Member.

- Each Member acknowledges and agrees that DXH Group is entitled to have the necessary contacts of personnel assigned from the Facility Member to manage the Projects to be held by the DXH Group.

END OF APPLICATION FORM