



가톨릭관동대학교
국제성모병원
INTL. ST. MARY'S HOSPITAL, CKU

International Healthcare Centre
25, Simgok-ro 100 Beon-gil Seo-gu, 22711
Incheon Metropolitan City, Republic of Korea
Office : +82 32 290 2652~8
Fax : +82 32 290 2660
Email : ish2014feb@gmail.com

INTERNATIONAL PATIENT INFORMATION FORM

Contact Information

Patient Name: _____
 Date of Birth : _____ Gender : M F
 Nationality _____
 Foreign Address: _____
 Tel : _____
 Email : _____ Skype ID : _____

Medical Information

Diagnosis:

***Please attach copies of all medical records/files**

Current status/ Symptoms

Medical History/Allergies/Underline diseases

Payment Information

Cash Card Insurance

Name of insurance company : _____
 Card/ID No ; _____
 Exp.Date : _____

We require a written letter of guarantee from the insurance company including policy maximum, deductibles, and exclusions. Please attach photocopies of front and back of your insurance card.

If you require paying the deposit prior to service, please use the bank details below.

Beneficiary Name	INTERNATIONAL ST.MARY'S HOSPITAL,CKU(Catholic Kwandong University)
Address(Hospital)	25, 100 Beon-gil, Simgok-ro, Seo-gu, Incheon Metropolitan City, Republic of Korea
Beneficiary Bank	NH BANK , National Agricultural Cooperative Federation
Branch Address	Juan Branch 72, Gajaeul-ro, Seo-gu, Incheon, Korea (539-1, Gajwa 3-dong, Seo-gu, Incheon, Korea)
Main Branch Address of Bank	16, Saemunan-ro, Jung-gu, Seoul, Korea (75, Chungjeongro-1ga, Jung-gu, Seoul, Korea)
Bank Account No	317-0007-9195-01
Swift Code	NACFKRSE

If you would like to request a letter for medical visa application, please send photocopies of your passport.

Additional Services Requested

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

Interpreter Service Yes No If yes, indicate the language:

Accommodations Yes No If yes, indicate the price range:

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

Please indicate your preference of meal choices

Korean International VIP Special Requests: Halal Vegetarian

Hospitalization – Room types

7 beds standard room, shared basis

2 beds semi-private room, shared basis

Private room

VIP

Please indicate any special needs/requests the patient might have:

Referral Information

Name of Hospital/Corporation / Agency:

Representative:

Contact No. :