



Sample Pro Forma Letters for Participants and Medical Centers

(Name of Hospital)

Dear Doctor:

With reference to a recent meeting on _____ between Doctor _____ of your Hospital and _____ of the Government Medical Services, acting on my behalf, may the following be considered a declaration of intention.

The Asian Development Bank will meet in (name of host city/country) from _____ to _____ inclusive, under the auspices of the (Host) Government. We expect some 2,000 delegates from countries outside (host country) to attend as our guests.

Arrangements have been made for the duly identified delegates to be referred to your emergency department for any necessary emergency medical or surgical care.

Due to the wide diversity of insurance coverage which the delegates will be using, the patients should be asked to pay directly any hospital or medical charges, and using their receipts, to make claim on their own insuring agencies.

Our concern is that no official delegate will have necessary care delayed or denied due to their inability to pay. Consequently, the (Host) Government, through the _____, is prepared to guarantee to pay any billing for medical or hospital services rendered to any official delegate by the physicians or your staff, or by (Name of Hospital), when collection is impossible.

I will make available to your Emergency Room Staff a facsimile of all types of official identification badges to be used during the Asian Development Banks' Thirty-Eighth Annual Meeting.

I would like to thank you, in advance, for any preferential treatment which may be accorded to our guests, and which will contribute to the success of the Meeting.

Sincerely,

Coordinator

Encl. Facsimile of Identification badges



INSTRUCTIONS TO DUTY NURSES
Medical Center

Thirty-Eighth Annual Meeting of the Asian Development Bank (ADB)

The (Host) Government is host to some 2,000 distinguished delegates from many countries for the Thirty-Eighth Annual Meeting of the ADB.

You have been chosen to represent (host country) in your duties in the Medical Center which has been assigned to the Meeting. Your duties will be, to the best of your knowledge and capabilities, to render first aid assistance for minor ailments and you will find, attached, a list of equipment and supplies available to you.

A record should be kept of all visits, showing name, country, diagnosis and treatment or referral.

Any case requesting, or in your opinion requiring, medical advice is to be referred to physicians in the Emergency Department at _____ (Name of Hospital) (Telephone number). All referrals should be made by telephone and an accompanying note to the physician. All delegates should take their identification badges to the Hospital.

Travel may be most convenient by taxi; however, in serious cases, the Ambulance (_____) (Telephone number) may be used.

Emergency dental care is available at the _____ (Name of Dental Services Clinic) (Address) _____ hours weekdays and an appointment should be made by telephone (Number) (Name of dentist)

Emergency optical care for the repair of broken or damaged eyeglasses may be arranged with {Company name, Address and Telephone number and Contact person}.

You will be provided with a facsimile of all types of official identification badges to be used by the delegates.

Memorandum on Emergency Medical Care

Although it is anticipated that all official delegates to this Meeting Will enjoy good health and success, the (Host) Government has made the following arrangements in case you suffer an unexpected illness or accident during your visit to (country name),

1. An emergency medical room has been established in the ___ Floor of the (Meeting venue) (Telephone No. _____). A qualified Registered Nurse will be in attendance:

_____ hours to _____ hours daily
 _____ hours to _____ hours

2. The Nurse on duty can also be reached through the Host Government Secretariat (Telephone No.) and will have medications and dressings available to treat minor emergency ailments.
3. The Nurse will be able to refer any official delegate to the Emergency Medical Staff at:

Hospital Name
Address

for medical or surgical care, investigation, or, if necessary, hospitalization.

Arrangements have been made with the hospital that delegates identified by their official Meeting badge will be accorded preferential treatment allowable by the constraints of medical emergencies. Delegates are reminded that necessary documentation will be done, and, if necessary, an interpreter should accompany the patient to assist the hospital staff.

4. Hospital accounts and physician's accounts will be rendered separately, and you will be asked to settle these accounts before leaving the treatment center. Receipts will be issued which will enable you to re-claim from your insurance agency.
5. In cases of severe emergency, the services of an ambulance may be used, and the Nurse or hotel will summon one.
6. If illness or injury should occur during any travels remote from the Meeting and you are referred to another hospital, you should ensure that you are transferred to _____ (Name of Hospital) as soon as convenient, and that the physicians and hospital involved are directed to contact the Meeting Coordinator (_____, Telephone number).
7. Emergency dental care is available from the Medical Services Clinic, (Address) only on referral by the Nurse in the Medical Center.
8. Emergency optical services for repair of broken or damaged eyeglasses is available through the _____ (Name of Company and Address) only on referral by the Nurse in the Medical Room.