



EMERGENCY CONTACT MEDICAL NETWORK

A.M.I.G.O.S.
 Access Medical Information in Guatemala
 for On-time Service

Membership Application

DATE:

MEMBER NAME:	Passport #
Guatemala Address:	
Guatemala phone:	
Email address:	

EMERGENCY CONTACTS

Guatemala family, friends and neighbors, address and phone:

1
2
3

Family and friends abroad, email, phone, city and country.

1
2
3

Traveling, living and working in Guatemala.

How long do you intend to be in Guatemala? In what towns or areas?
Do you expect to be engaging in potentially dangerous activities? Like what?
Do you have preferred doctors/hospitals?

Required information for first responders and ER physicians:

Allergies		
Blood type	DOB, day/mo/yr:	Age:
Previous Surgeries		
Medications you take:	For what condition?	
1		
2		
3		
4		
5		
6		

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 Ann Gonzalez 5513-0766
 Assistant _____

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Guatemala Medical Travel, Antigua, Guatemala

Do you have recent vaccination history, blood tests or medical reports?
Do you have any religious or dietary restrictions or special instructions for care givers?
Do you have any implants, dental bridges or a pacemaker?

If you had a bill for \$3000 for emergency surgery tomorrow, how would you pay?

Guatemala Bank account: in: quetzales/US Dollars, checking / savings (circle one)

Foreign Bank Account. Country: _____ in US Dollars / Euros / other _____

Credit card - PayPal - cash - Wire transfer from _____ - loan from a friend: _____

The staff and management of Guatemala Medical Travel, operating in Antigua Guatemala, will act as your assistant and advocate to facilitate communication and logistics in the event of a medical emergency.

What you can expect from Guatemala Medical Travel agents:

1. To call your medical provider at the first opportunity to notify them that you are a priority patient being represented by Guatemala Medical Travel.
2. To contact the medical specialist most appropriate to your needs and to be sure that you will receive the best possible care as soon as possible.
3. To contact your friends and family as listed, and alert them to the facts surrounding your situation.
4. To advocate for your best interest in communications with doctors and hospitals.
5. To assist with financial transfer and payment processing to avoid delays in treatment.
6. To follow-up with your doctor's orders regarding pain management and therapies toward a successful recovery.

Please attach any recent medical exams or test results that you think would assist your doctor to treat you most effectively in case of emergency.

Other notes about your health condition:

GMT does not directly provide emergency medical care or payment plans.

Agreed:

New member of ECMN

Representative of Guatemala Medical Travel

Received Q100 / \$13 for 3 months or Q350 for 1 year membership.

Receipt # _____ Expiration date: _____

