

**SUBJECT: NONIMMIGRANT VISAS FOR MEDICAL TREATMENT**

**Option One**

- THE LOCAL INSURANCE COMPANY CAN PROVIDE A LETTER STATING THAT THEY WILL COVER ALL TREATMENT ORDERED BY THE U.S. INSTITUTION. THE U.S. INSTITUTION SHOULD PROVIDE A LETTER THAT THEY HAVE RECEIVED THAT LETTER AND THAT ALL COSTS WILL BE BORNE BY THE INSURANCE COMPANY AND THAT NO/NO PUBLIC FUNDS WOULD BE USED FOR TREATMENT OR OTHER EXPENSES.

OR

**Option Two**

- THE APPLICANT'S BERMUDIAN DOCTOR SHOULD ADVISE WHETHER THE APPLICANT'S CONDITION APPEARS TO REQUIRE SURGERY OR HOSPITALIZATION.
- THE US HOSPITAL AND/OR PHYSICIAN SHOULD EXPLAIN IN WRITING UNDER WHAT CIRCUMSTANCES AND AT WHAT COST IT WILL PROVIDE WHATEVER TREATMENT AND HOSPITALIZATION MAY BE REQUIRED FOLLOWING THE ANTICIPATED DIAGNOSIS.

EXAMPLE: IF THE APPLICANT HAS MAJOR KIDNEY FAILURE OR HAS BEEN DIAGNOSED WITH CANCER, ETC. THE HOSPITAL AND/OR PHYSICIAN MUST INCLUDE ALL REASONABLE TREATMENT POSSIBILITIES IN THIS TREATMENT PLAN.

- IN THOSE CASES WHERE FOLLOW-ON TREATMENT WOULD SEEM LIKELY APPLICANTS SHOULD REQUEST A COST ESTIMATE FOR FOLLOW-ON TREATMENT FROM THE U.S. HOSPITAL AND/OR PHYSICIAN.
- THE APPLICANT MUST PRESENT EVIDENCE OF SUFFICIENT FUNDS AND/OR INSURANCE COVERAGE TO PAY FOR THE TREATMENT. ANY CORRESPONDENCE FROM THE INSURANCE COMPANY MUST REFER SPECIFICALLY TO THE TREATMENT PLAN AND SPECIFICALLY STATE WHICH COSTS DETAILED WILL BE COVERED, AT WHAT PERCENTAGE AND UP TO WHAT LEVEL.
- IF FAMILY MEMBERS ARE ACCOMPANYING, EVIDENCE OF SUFFICIENT FUNDS TO PROVIDE COMPLETE SUPPORT TO ALL FAMILY MEMBERS WHILE IN THE U.S. MUST BE PROVIDED.