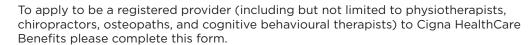
APPLICATION TO REGISTER AS A CIGNA PROVIDER (THERAPISTS)





Please note by applying to be a registered provider you agree to adhere to the Cigna Fee Schedule. All sections marked with * are mandatory, your application will not be successful if these sections are not fully completed and signed by the applicant at the bottom of the form.

1. PROVIDER DETAILS			
Title (Mr, Mrs, Dr, etc.)*			
Full name*			
Gender*	Female		Male
Correspondence address 1*			
Correspondence address 2			
Correspondence town/city*			
Correspondence postcode*			
Email address*			
Telephone number*			
Website address			
2. SECRETARY DETAILS			
Title (Mr, Mrs, Dr, etc.)			
Full name			
Telephone number			
Email address			
Efficial address			
3. SPECIALTY			
Provider specialty*			
Clinical areas of interest			
4 PEGISTRATION			
Please provide the governing body registration			
5. BILLING			
Healthcode		Yes	: No:
Other (if NO above)			
4. REGISTRATION Please provide the governing body registration number (example: HCPC) Any other details 5. BILLING Healthcode		Yes	: No:

6. ADDITIONAL CLINICS			
Please advise us of clinics the provider has privileges at*			
Facility name	Facility address		
7. BANKING DETAILS			
Please note: Payments will ONLY be paid by Direct Credit (B	ACS) to your bank account and a separate remittance advice will be sent.		
Bank name*			
Sort code*			
Account number*			
IBAN number			
8. REMITTANCE ADVICE			
Remittances will be sent via Healthcode if you are invoicing us via that method. Otherwise they will be sent to the email address in section 1 unless specified differently below.			
Alternative email			
9. WEB CONSENT			
I hereby give consent for our details to be included on Cigna's website (Please tick)			
10. DECLARATION			
By signing this form you are agreeing to adhere to the Cigna Fee Schedule when treating a Cigna member. If you do not sign this declaration this application will not be considered and Cigna members will be directed to an alternative provider. Below is a link to the Cigna fee schedule web pages: https://www.cigna.co.uk/healthcare-providers/fee-schedule/search.aspx			
Signature*			
Date*			

*Mandatory Field

Together, all the way.™



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