

Application for GMC registered provider



You should complete this form to apply to be a registered provider to Cigna Healthcare. Please note by applying to be a registered provider you agree to adhere to the Cigna Healthcare 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. The form must be completed fully using BLOCK CAPITALS. When you have completed the form, please return it via email to commercialteamuk@cigna.com.

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	
GMC number*	
Any other details	
2. Secretary details	
Title (Mr, Mrs, Dr, etc.)	
Full name	
Telephone number	
Email address	
3. Specialty	
Is the consultant a*	Specialist Anaesthetist
Consultant specialty*	
Sub specialty	
Clinical areas of interest	
4. Billing	
Please note by signing this form you agree to bill Cigna Healthcare directly. Please advise of any electronic billing practice	
Healthcode	Yes No
Other (if NO above)	

5. Practicing privileges at hospitals and/or clinics

Please advise us of any facilities (private or NHS) the consultant has practicing privileges at*

Facility name	Facility address

6. Banking details

Please note:

Payments will ONLY be paid by Direct Credit (BACS) to your bank account and a separate remittance advice will be sent.

Bank name*	
Bank account name	
Bank address	
Sort code*	
Account number*	
IBAN number	

7. 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 I unless specified differently below.

Alternative email	
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8. Web consent

I hereby give consent for our details to be included on Cigna Healthcare's website (Please tick)

9. Declaration

By signing this form you are agreeing to bill directly to Cigna Healthcare and agreeing to adhere to the Cigna Healthcare Fee Schedule when treating a Cigna Healthcare member. If you do not sign this declaration this application will not be considered and Cigna Healthcare members will be directed to an alternative provider.

Below is a link to the Cigna Healthcare fee schedule web pages:

<https://www.cigna.co.uk/healthcare-providers/fee-schedule/search.aspx>

Signature*	
Date*	

*Mandatory Field

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Certain products and services which are non-risk related may be provided by non-insurance entities such as Cigna International Health Services BV., registered with the Financial Services and Markets Authority as an insurance and reinsurance broker and with registered office at Plantin en Moretuslei 299, 2140 Antwerp, Belgium; and/or, Cigna European Services (UK) Limited, having its registered office at 13th Floor 5 Aldermanbury Square, London, EC2V 7HR.

If you have a Cigna plan, please refer to your member materials for further information, including details of the insurance entity providing cover, broker information (if any) guide to claiming, the list of benefits, exclusions and limitations.

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