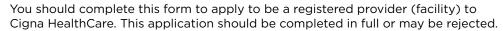
## **APPLICATION TO REGISTER AS A CIGNA PROVIDER (FACILITY)**





| 1. PROVIDER DETAILS                                |      |      |
|--|------|------|
| Full name*   |      |      |
| Correspondence address 1*                          |      |      |
| Correspondence address 2                           |      |      |
| Correspondence town/city*                          |      |      |
| Correspondence postcode*                           |      |      |
| Email address*                                     |      |      |
| Telephone number*                                  |      |      |
| Website address                                    |      |      |
| 2. DAILY CONTACT DETAILS                           |      |      |
| Title (Mr, Mrs, Dr, etc.)                          |      |      |
| Full name  |      |      |
| Telephone number                                   |      |      |
| Email address                                      |      |      |
|  |      |      |
| 3. SPECIALTY                                       |      |      |
| Does the facility specialise in particular fields? |      |      |
| A  |      |      |
| В  |      |      |
| С  |      |      |
| D  |      |      |
| E  |      |      |
| 4. REGISTRATION                                    |      |      |
| CQC Number   |      |      |
| Any other details                                  |      |      |
|  |      |      |
|  |      |      |
|  |      |      |
| 5. BILLING   |      |      |
| Healthcode   | Yes: | No:  |
| Other (if NO above)                                | 165  | 1121 |
| Other (II NO above)                                |      |      |
|  |      |      |

| 6. COMMERCIALS   |  |  |
|--|--|--|
| Please note that any application will not be complete until the Commercial Manager has agreed to any pricing proposals. Please attach your Insured Tariffs.                        |  |  |
| Renewal date   |  |  |
| Commercial Manager   |  |  |
| Email address  |  |  |
| Telephone number   |  |  |
|  |  |  |
| 7. BANKING DETAILS   |  |  |
| Please note:<br>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  |  |  |
| Signature*   |  |  |
| Print name*  |  |  |
| Date*  |  |  |
| Position*  |  |  |

## \*Mandatory Field

## Together, all the way."



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