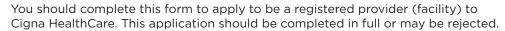
APPLICATION TO REGISTER AS A CIGNA PROVIDER (FACILITY)





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:
	100.	.,0.
Other (if 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: 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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