

# APPLICATION FOR GDC REGISTERED PROVIDER



You should complete this form to apply to be a registered provider to Cigna HealthCare.

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. DENTIST DETAILS	
Title (Mr, Mrs, Dr, etc.)*	
Full name*	
Gender*	<input type="checkbox"/> Female <input type="checkbox"/> Male
Correspondence address 1*	
Correspondence address 2	
Correspondence town/city*	
Correspondence postcode*	
Email address*	
Telephone number*	
Website address	
GDC number*	
Any other details	

2. SPECIALTY	
Dentist specialty	
Please provide details of any other specialties	

3. 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 if direct settlement has been agreed.	
Bank name	
Sort code	
Account number	
IBAN number	

#### 4. REMITTANCE ADVICE

If direct settlement has been agreed, remittances will be sent to the email address in section 1 unless specified differently below.

Alternative email	
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#### 5. DECLARATION

If you do not sign this declaration this application will not be considered and may result in the Cigna member's treatment being denied.

Signature*	
Date*	

**\*Mandatory Field**

Together, all the way.<sup>SM</sup>



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