Application to register as a Cigna Healthcare provider (therapists)

To apply to be a registered provider (including but not limited to physiotherapists, chiropractors, osteopaths, and cognitive behavioural therapists) to Cigna Healthcare Benefits please complete this form.

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 you can return via email to provider.loading@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	
2. Secretary details	
Title (Mr, Mrs, Dr, etc.)	
Full name	
Telephone number	
Email address	
3. Specialty	
Provider specialty*	
Clinical areas of interest	
4. Registration	
Please provide the governing body registration number (example: HCPC)	
Any other details	
5. Billing	
Healthcode	Yes ◯ No ◯
Other (if NO above)	

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 (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	
SWIFT/BIC	

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 I unless specified differently below.	
Alternative email	

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

10. 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* (By signing this form you are agreeing to bill Cigna Healthcare directly)	
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 B.V., 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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