

# 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. Please submit the form and pricing proposal to [commercialteamuk@cignahealthcare.com](mailto:commercialteamuk@cignahealthcare.com)

I. 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\*

<b>Facility name</b>	<b>Facility address</b>

**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.

<b>Bank name*</b>	
<b>Bank account name</b>	
<b>Bank address</b>	
<b>Sort code*</b>	
<b>Account number*</b>	
<b>IBAN number</b>	
<b>SWIFT/BIC</b>	

**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 1 unless specified differently below.

<b>Alternative email</b>	
--------------------------	--

**8. Web consent**

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

<b>9. Declaration</b>	
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: <a href="https://www.cigna.co.uk/healthcare-providers/fee-schedule/search.aspx">https://www.cigna.co.uk/healthcare-providers/fee-schedule/search.aspx</a>	
<b>Signature*</b>	
<b>Date*</b>	

**\*Mandatory Field**

The Cigna Healthcare name, logo and other Cigna Healthcare marks are owned by Cigna Intellectual Property, Inc., licensed for use by The Cigna Group and its operating subsidiaries.

"Cigna Healthcare" refers to The Cigna Group and/or its subsidiaries and affiliates. Products and services are provided by or through such operating subsidiaries, including, without limitation, Cigna Life Insurance Company of Europe S.A.-NV, Cigna Europe Insurance Company S.A.-NV, or their branches, both companies registered in Belgium at Plantin en Moretuslei 309, 2140 Antwerp, Belgium, or Cigna Global Insurance Company Limited, with registered address in Guernsey at PO Box 155, Mill Court, La Charroterie, St Peter Port, Guernsey, GY1 4ET. Cigna Life Insurance Company of Europe S.A.-NV and Cigna Europe Insurance Company S.A.-NV are subject to the prudential supervision of the National Bank of Belgium and to the supervision of the Financial Services and Markets Authority in the field of consumer protection. Cigna Global Insurance Company Limited is authorized and regulated by the Guernsey Financial Services Commission for the conduct of insurance business in Guernsey.

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.

Confidential, unpublished property of Cigna Healthcare. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel.

Copyright © Cigna Healthcare 2026. All rights reserved.