UK Provider Registration Request Form

In order for us to consider your request to become a recognised UK provider with Healix Health Services, please print & complete the form below. Your completed form can be faxed to us on 0208 481 7761 or emailed to providerservices@healix.com.

Once the information has been considered for recognition, you will be advised of the outcome in writing. If successful we will advise on which date your recognition becomes effective together with your unique account code.

1. Provider details

This section should be completed with the details of the provider who is applying to be registered with Healix Health Services

Title:				
First Name:				
Surname:				
Gender: *Please tick box that applies*	Female:		Male:	
Billing / Correspondence Address:				
Postcode:				
Email address:				
Telephone Number:				

2. Secretary Details

This section should be completed with the details of the secretary to the provider who is applying to be registered with Healix Health Services

Title:	
Full Name:	
Email Address:	
Telephone Number:	

3. Specialty

Is the consultant/provider a specialist or anaesthetist? *Please tick box that applies*	Consultant Specialist:		Consultant Anaesthetist:	
What is the consultants/providers specialty?				
What is the consultants/providers sub-specialty?				
Does the consultant treat paediatrics? *Please tick the box that applies*	Yes		No	
Use this space for any further comments / notes				

4. Qualifications, Details of Registration and Insurance

Please provide a copy of your registration certificate with this registration

What is your professional / regulatory body?				
What is your current registration number?				
Do you have personal / professional indemnity cover?	Yes:		No:	

6. Fees

Will you adhere to the Healix Fee Schedule? *This can be viewed at http://hsp.healix.com/hfs*	Yes:		No:	

If you do not adhere, please advise which CCSD codes you typically bill and advise your fee for those codes.	Code	Fee
	Initial Consultation	£
	Follow Up	£
		£
		£
		£
		£
		£
		£

7. Practicing Privileges

Please state which hospitals you practice at.

Hospital Name	Hospital Address

8. Bank Details

Payments will be made by BACS

Bank Name:	
Sort Code:	
Account Number:	
Account Name:	
Email address for remittance advice:	

9. **Billing**

All providers are requested to bill Healix electronically via Healthcode. For more information about electronic billing please contact Healthcode on 01784 263150 or visit ebilling.healthcode.co.uk

Confirm that billing will be made via Healthcode:	Yes:		No:	
Please note - It is important that you submit invoices promptly as invoices submitted after a period of 6 (six) months from the date of treatment will be rejected. If this happens, you agree not to contact the patient for payment.				

10. **Consent**

Do you give your consent for your details to be included on our website to help our members find a consultant/provider?	Yes:		No:	

11. **Declaration**

Data Protection

In order to deal with your request for registration and to meet our obligations under the Data Protection Act 1998; we would be grateful if you would complete the following declaration:
I confirm my consent to the use and processing of personal details, including sensitive data, by the data controllers and relevant third parties for the following purposes:

- Registration of my services with the data controllers:
- Associated administration, including but not limited to policy and claims administration;
- Fraud prevention
- Payment for my services
- Enquiries into my professional practice in connection with my registration.

The data controllers are Healix Health Services Limited.

I will inform Healix Health Services immediately if my employment with the NHS or any other employer is suspended or terminated for whatever reason and/or if my GMC/or appropriate governing bodies' registration is changed for whatever reason. I will inform Healix Health Services should any of the details submitted on this form change.

Signed:	
Date:	
Name: (BLOCK CAPITALS)	