canopy health insurance

# PROVIDER APPLICATION FORM

PLEASE USE BLOCK LETTERS, TYPE OR PRINT WHEN COMPLETING THIS FORM

*For information on the required documents that should be attached to this application, please visit our website at www.canopy-insurance.com or call us at 1-888-4-CANOPY*

## PERSONAL INFORMATION

I am: ☐ A New Provider ☐ Adding a New Location ☐ Changing Provider Location ☐ Changing Ownership

Legal Name of Applicant/Responsible Person (for Non-Sole Proprietorship)

SURNAME FIRST NAME MI

Gender M F

Applicants Date of Birth D D M M Y Y

Country of Birth (Applicable for sole proprietor: attach work permit/naturalization/legal residency if not born in Jamaica)

Government Issued ID Type (PP/DL, attach copy)

Government Issue ID Number

Country of Issue

Expiry Date D D M M Y Y

Tax Registration Number

Contact Number

Email Address

## BUSINESS INFORMATION

☐ Sole Proprietor ☐ Partnership (attach copy of agreement) ☐ Government ☐ Limited Liability Company (attach copy of articles of incorporation)

TYPE ☐ MEDICAL ☐ OPTICAL ☐ DENTAL ☐ PHARMACY ☐ LABORATORY ☐ DIAGNOSTIC IMAGING ☐ HOSPITAL

Specialty

Registering Authority

Business Name

Cell Number

Business/Location Address

Office Number

Fax Number

Parish

Mailing Address (if different from Business/location Address)

Email Address

Website Information

Parish

Tax Registration Number (4 digit branch code issued by Tax Administration Jamaica is applicable for sole proprietors trading without a registered name)

Previous/Other Address (Applicable only if a changing or adding a location)

Name(s) of Business Partners/Directors (If applicable | attach additional sheet if necessary)

1.

2.

3.

Professional Registration Number for the Lead Health Care Practitioner/s (attach copies of CURRENT relevant registration document)

Corresponding Tax Registration Number for Lead Care Practitioners

1.

2.

3.

Are you a provider on an existing health insurance network in Jamaica? ☐ YES ☐ NO

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Do you have current Hospital Admitting Privileges? ☐ YES ☐ NO ☐ NOT APPLICABLE

If yes, please list the names of these hospitals below

1.
2.
3.
4.

Have you ever had your professional registration or previous provider status (with Canopy or any other Insurance Carrier) suspended?

☐ YES ☐ NO If yes, please give details and provide proof of reinstatement, attach additional sheet if necessary:

**Declaration and Authorization of Consent and Sharing of Information**

I understand that the information provided in this form will enable Canopy Insurance Limited to manage operations, risks and allow for the enhancement of customer experience. I further comprehend that the information provided may be used to appease information requests of the regulators or in order to satisfy legal or regulatory requirements. I confirm that the information provided is true and correct and can be relied upon by Canopy Insurance Limited and hereby grant permission for the usage of the information for the purposes herein stated or as may be required from an operational standpoint.

Printed Name of Applicant/Responsible Person:

SURNAME FIRST NAME MI

Signature Date

## BANKING INFORMATION

BANK NAME BANK BRANCH

ACCOUNT NAME ACCOUNT TYPE ☐ SAVINGS ☐ CHEQUING

ACCOUNT NUMBER

## FOR INTERNAL USE ONLY

Assigned Provider Number

Application Approved by:

PRINT NAME Date

NOTE

1. For healthcare professionals, EVIDENCE OF CURRENT REGISTRATION with Medical, Dental, Pharmacy, or any other body authorizing the applicant to practise in Jamaica IS REQUIRED.
2. For pharmacies, laboratories, diagnostic facilities and medical centres, we require EVIDENCE OF REGISTRATION UNDER THE COMPANIES ACT INDICATING NAMES OF OWNERS.
3. All provider locations must be in operation.
4. Please supply a certified English translation for any foreign language documentation.

### SPECIALITY/PROVIDER TYPE

Anaesthetist
Cardiologist
Dentist
Dermatologist
Diagnostic Imaging
Dialysis Centre
E.N.T.
Emergency Physician
Gastroenterologist
General Practitioner
General Surgeon
Haematologist
Health Care - Pharmacies
Hospital Inpatient
Hospital Outpatient
Hospital Pharmacy
Internist
Laboratory
Medical Centre
Medical - Specialists
Nephrologist
Neurologist
Ob/Gynaecologist
Oncologist
Opthalmologist
Optical
Orthopaedic Surgeon
Paediatrician
Pharmacy
Physiotherapist
Psychiatrist
Psychologist / Counsellors
Pulmonologist
Radiographers
Radiologist
Rheumatologist
Urologist

| PROVIDER TYPE | REGISTRATION BODY |
|---|---|
| Medical Doctor/Specialist/ Consultant/ Ophthalmologist | Medical Council of Jamaica |
| Dentist | Dental Council of Jamaica |
| Optometrist | Registrar General's Department |
| Radiographer/Medical Lab Technologist, Physiotherapist | Council of Professions Supplementary to Medicine |
| Pharmacy, Pharmacist | Pharmacy Council of Jamaica |
| Laboratory/Diagnostics | Standards & Regulations Division - Ministry of Health |