

Provider Registration Form

Global Network

For us to consider your request to become a recognised provider with Healix International, please complete the form below electronically. Please email your completed form to GlobalNetwork@healix.com.

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| **1. General**  |
| Provider Name: |  |
| Address: |  |
| City: |  |
| Country: |  |
| Postcode/Zip Code:  |  |
| Phone Number:*(e.g., Switchboard/Reception)* |  |
| Office Hours: |  |
| Web Address: |  |
| Languages Spoken: |  |
| GPS Coordinates: |  |
| Are there any landmarks? |  |

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| * **2. Beds (if applicable)**
 |
| * Number of Shared Accommodation Beds
 |  |
| * Number of Private Beds
 |  |
| * Number of ICU Beds
 |  |
| * Number of Ventilated Beds in ICU
 |  |
| * Number of Neonatal ICU Beds
 |  |
| * Is dialysis available in ICU?
 |  |

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| **3. Specialities** *Please tick one or more of the following options to indicate which services you can provide. For GP/Family Doctor services please tick Primary Healthcare.*  |

  

  

  

  

  

  

  

  

  

  

  

  

  

  

  

  

  

  

Dental Services

  

  

  

 

Others

 



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| **4. Main Contact**  |
| Name: |  |
| Position/Department: |  |
| Phone Number: |  |
| Email: |  |
| Fax Number: |  |

Please forward invoices with full bank details and an invoice number when seeking payment.

Please confirm that the standard tariff document is enclosed and that by ticking one of the following options you confirm that discounts are available:



Please confirm acceptance of the Healix Guarantee of Payment (GOP) letter by ticking the following option:



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| **5. Guarantee of Payment (GOP) Contact** *(if different from above)* |
| Name:  |  |
| Position/Department:  |  |
| Phone Number: |  |
| Email: |  |
| Fax Number: |  |

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| **6. Payment/Remittance Contact** *(if different from above)* |
| Name:  |  |
| Position/Department:  |  |
| Phone Number:  |  |
| Email:  |  |
| Fax Number:  |  |

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| **7. Bank Details**  |
| Account Name: |  |
| Account number / IBAN / CLABE Number: |  |
| Branch/ Routing /Sort Code: |  | Institution / Transit Code: |  |
| Swift/BIC Code:  |  | IFSC Number : |  |
| Bank Name: |  |
| Bank Address: |  |
| Intermediary Bank Name if Applicable: |  |
| Intermediary Bank Swift Code: |  |
| Intermediary Bank Account Number: |  |
| Billing Currency/Method: | [ ] USD [ ] EUR [ ] GBP [ ] Online Portal (including via web site) [ ] Other ( ) |
| Remittance Email Address: |  |

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| **8. Accreditation** |
| Please provide evidence of the following: * Appropriate insurance coverage as per local regulations
* License to operate/practice
* The name of any national body accredited with and your accreditation reference
* Price list (including Room Rates where applicable)
* CV (for individuals only)
* Photograph of the front of your facility (This photograph will be uploaded to our provider database to better help our patients locate your facility)
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Data Sharing Statement

This statement relates to new data protection rules, specifically the General Data Protection Regulation (GDPR) which will apply from 25th May 2018 to all private and public organisations processing personal data for residents of the European Economic Area.

In the course of the provision of services by Healix International Limited (Healix) to our customers there is a requirement for Healix to share customer personal data with you and for you to share customer personal data with Healix.

In sharing customer personal data with Healix, you are confirming that:

* A fair processing notice has been given or valid consent is in place to ensure that the transfer has a legal basis and processing is fair and transparent.
* You have appropriate technical and organisational measures in place to ensure the protection of the rights of the data subject.
* You ensure, on an ongoing basis that the personal data is:
	+ adequate, relevant and limited to what is necessary in relation to the purpose for which it was collected; and
	+ accurate and, where necessary, up to date having taking every reasonable step to ensure that any inaccurate personal data, has been erased or rectified.
* You shall not, by acts or omissions, cause Healix to breach its obligations under Applicable Data Protection Legislation (Applicable Data Protection Legislation includes the GDPR and other local and national legislation in force from time to time, relating to the processing of personal data).

To the extent that Healix shares personal data that has been received and accepted by you, you further confirm that:

* You comply with your obligations under Applicable Data Protection Legislation and have adequate records of processing activities including use and processing of personal data.
* You will not share the personal data with anyone other than those with whom it is necessary for the provision of the service.
* Anyone accessing the personal data within your organisation is subject to appropriate confidentiality obligations.
* If you suffer a breach impacting personal data that originated from Healix you will promptly inform Healix.

Healix confirms that it shall operate in accordance with the above requirements.

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| Healix InternationalHealix HouseEsher Green, EsherSurrey, KT10 8ABUnited Kingdom | GlobalNetwork@healix.com+44 (0) 20 8481 7817[www.healix.com](http://www.healix.com) |