NATIONAL HEALTH FUND

6TH Floor, The Towers, 25 Dominica Drive, Kingston 5
Tel: (876) 906-1106 Fax: 906-1105 Toll-free 1-888-NHF-CARE
Website: www.nhf.org.jm

PROVIDER APPLICATION FORM- DIAGNOSTIC SERVICES

Kindly complete the form and return original to the above address along with **the supporting documents.**
NB. All Doctors should submit their Annual Practising Certificate

Tick the appropriate box for the diagnostic service you wish to provide:

☐ **HbA1c**

☐ **SDA1c Care Analyser System** ☐ **Other __________________________________**
(please specify name of device)

☐ **Prostate Specific Antigen (PSA) Test** ☐ **Pap Smear Test**

N.B: All successful claims will be processed electronically

APPLICANT INFORMATION

1). Name of Facility/Region (where applicable): ____

2). Name of Health Professional/Designate: ____

3). Professional Registration #: ____________________4). Email Address: __________________________

5). TRN (business/personal): _____________________________ (attach a certified copy)

6). Type of Business: ☐ **Medical Practice** ☐ **Pharmacy** ☐ **Lab** ☐ **Other_________________________**

7). Business Address (Street and Number): ____

____

8). Mailing Address (if different from above): ____

9). Telephone Number(s): Office: _________________Cell: ________________ Fax: _____________

OWNER(S) /DIRECTOR(S)/RELEVANT PERSONNEL(S) IN CHARGE OF FACILITY INFORMATION

10). Name (s)	Tel. Number(s)	Occupation	Place of Employment	Email Address
_______________	______________	_______________	_______________	___________
_______________	______________	_______________	_______________	___________
_______________	______________	_______________	_______________	___________
_______________	______________	_______________	_______________	___________

11). Are you a Provider for any other Insurance Carrier/Private Plans? ☐Yes ☐ No

12). If yes, indicate name(s) ____

13). Preferred method of Communication: ☐ Email ☐ Mail

Name of Applicant	Signature	Position	Date
__________________________________	_______________	_____________	__________

(*Please print name*) Company Stamp/Seal