PROVIDER
APPLICATION
REQUIREMENTS
FOR
DOCTORS/
SPECIALISTS



REQUIREMENTS

- Completed signed Application Form.
- Certified copy of professional's medical school degrees (must be qualified for at least three (3) years).
- Certified copy of applicants National Identification.
- Certified copy of applicants Tax Payer Registration Number (TRN).
- Certified copy of current registration and/or current practicing certificate of professional.
- If your practice will be operating under a business name we will need a certified copy of your Business Registration Certificate along with the Articles of Incorporation (issued by the Companies Office of Jamaica), indicating the name(s) of the Directors.
- Two letters of recommendation from existing Sagicor providers in your field.
- Copied documents are to be certified by a JP/Notary Public as a true copy of the original
- Two letters of recommendation
 - a) For Business Applicants
 - i. Owners/Directors A written character reference from a JP/Notary Public.
 - ii. Employed professional A written recommendation from an existing Sagicor provider in the same specialty.
 - b) For Individual Applicants
 - i. Two (2) letters of recommendation from existing Sagicor providers in your field.
- Have the Provider Access System (PAS) installed at the practice(s) in order to submit claims electronically to Sagicor. You may contact Advanced Integrated Systems at 929-6462 for further information on PAS.

Applications must be addressed to:



The Manager
Provider & Audit Services Department
Sagicor Life Jamaica Ltd.
28-48Barbados Avenue
Kingston 5

NOTES

- The consideration of an application will be subject to a site inspection
 /assessment by a Sagicor representative.
- 2. The Provider must be qualified in their field for at least four (4) years.
- 3. The submission of all the required documents does not automatically guarantee acceptance.
- The granting of Provider Status is subject to review quarterly by Sagicor's Medical Relations Committee (MRC) or at such other frequency as may be determined.
- 5. The MRC reserves the right to accept or deny the request for inclusion in
- 6. Sagicor's Panel of Participating Providers
 - The successful applicant will be required to:
 - a. Sign a Provider Agreement with Sagicor Life Jamaica Limited $\,$
 - b. Provide banking information in order for payments to be made to the Provider via direct deposit.

