

PROVIDER APPLICATION REQUIREMENTS FOR PHARMACY



REQUIREMENTS



- Completed signed Application Form.
- Certified copy of The Pharmacy Council Registration of Pharmacist.
- Certified copy of applicants National Identification.
- Certified copy of applicants Tax Payer Registration Number (TRN).
- Certified copy Diploma/Degree of Pharmacist.
- 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.
- 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.
- Capability to submit electronic claims through Provider Access System (PAS)
- Capability for software system to perform Coordination of Benefits transactions with the National Health Fund without the need to swipe both NHF and Sagicor **fastcard**.



Applications must be addressed to:



The Manager

Provider & Audit Services Department Sagicor Life
Jamaica Ltd.
28-48 Barbados Avenue

NOTES

1. The consideration of an application will be subject to a site inspection / assessment by a Sagicor representative.
2. The submission of all the required documents does not automatically guarantee acceptance.
3. 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.
4. The MRC reserves the right to accept or deny the request for inclusion in Sagicor's Panel of Participating Providers
5. 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.