

PHARMACY REQUIREMENTS

1. Completed signed Application Form.
2. Certified copy of The Pharmacy Council registration of Pharmacy.
3. Certified copy of The Pharmacy Council registration of Pharmacist.
4. Certified copy of Diploma/Degree of Pharmacist.
5. Certified copy of applicant's National Identification.
6. Certified copy of applicant's Tax Payer Registration Number (TRN).
7. 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.
8. Two letters of recommendation from existing Sagicor providers in your field.
9. Capability to submit electronic claims through Provider Access System (PAS)
10. 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
Kingston 5**

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