PROVIDER APPLICATION REQUIREMENTS FOR LABORATORIES



REQUIREMENTS

- Completed signed Application Form.
- Certified copy of qualification and registraton of Technician(s).
- Certified copy of applicants National Identification.
- Certified copy of applicants Tax Payer Registration Number (TRN).
- List of services offered and prices.
- 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.
- Labs should be certified by the Ministry of Health's Standard.
- 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.
28-48 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.

Sagicor Life

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