

Email

INFORMATION FORM

Please return this form together with a price list to: Email: providernetwork@cigna.com

Fax: + 32 3 663 28 60

Please write clearly in black ink and BLOCK CAPITALS.

General Information						
Full name of the provider (a	s it appears on the invoice	e)				
Website						
1. Physical address of the	facility					
Street	•	n°				
Postal code	City					
Country						
2. Billing / payment addre	SS (only if different from t	the physical address)				
Street	(omy in different from t	n°				
Postal code	City					
Country	•					
3. P.O. Box						
P.O. Box	Postal code	City				
Country	i ostai code	City				
4. Payment details						
preference for payment						
preference for payment	by wire transfer with	the details below:				
Account holder name						
Account no./IBAN BIC/SWIFT code		Pank account currency				
	-1:1-1-1	Bank account currency				
Full bank name and ID (if app Bank Address (incl. city, zip						
bank Address (incl. city, zip	code and country)					
5. Hospital Group	O O					
Member of Hospital Group	○ No ○ Yes Nar	me of group:				
Number of beds in:	dati a.a					
private accommo		Only private accommodation available				
semi-private acco	mmodation	ward				
Contacts						
1. General						
Name contact person						
Function						
Telephone (country / area / n°)						
Fax (country / area / n°)						



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2. Admission desk / Guaran	itee of payment					
Name contact person						
Function						
Telephone (country / area / n°)						
Fax (country / area / n°)						
Email						
3. Agreements						
Name contact person						
Function						
Telephone (country / area / n°)						
Fax (country / area / n°)						
Email						
4. Billing / Finance						
Name contact person						
Function						
Telephone (country / area / n°)						
Fax (country / area / n°)						
Email						
Complementary info		OPublic	Private	Other:		
- Do you have a separate inte		?			○Yes	○No
- Languages spoken by the s	taff of the hospital:					
- Status doctors	○ Independent	O Payroll	○ Mixed			
Which are the credentials of	the doctors who work	at the hospital ar	nd what is the cred	lentialing proc	ess? (Pleas	e send us a
list of the doctors working at	t the hospital.)					
						<u> </u>
- Medical liability insurance	•				○Yes	○No
If yes, please specif	y:					
- Accreditations:		· · · · · ·			Ov	
- Is the hospital considered a		e for specific diag	noses or treatmer	its?	○Yes	○No
If yes, please specif	-				○V	ON-
· · · · · · · · · · · · · · · · · · ·					○No	
If yes, please specify:					∩No.	
Does the hospital have agreements with international companies or organisations? Yes No						UNU
If yes, please specif	-	enitale on a natio	nal/international l	nacic?	Vac	○No
 Does the hospital have agree If yes, please specifier 		spitais on a natio	nai/international t	Ja515!	○Yes	UNU
- Is the hospital member of a		hospital fodorati	on?		Yes	○No
If yes, please specif		mospital ledelat	OII;		∪ ies	UNU
ii yes, piease specii	y.					



INFORMATION FORM

List of specialties		Please tick the ones you offer.
Acupuncture	O Hospice care	Paediatric orthopaedics
Allergology	O Imaging / Radiology / Scan	O Paediatric otorinolaringology
Ambulance / Medical transport	○ Immunology	O Paediatric physiotherapy
○ Anaesthesia	O Infectious diseases	O Paediatric rehabilitation
Angiology	 Intensive care 	O Paediatric speech therapy
Audiology	Internal medicine	O Paediatric urology
Behavioral health	Caboratory / Pathology	O Paediatrics
O Burn center	Maxillo-facial surgery	O Pain clinic
Cardiac surgery	 Naturopathy 	OPhysiotherapy
Cardiology	Neonatal medicine	O Plastic (Reconstructive) surgery
Chiropody	O Nephrology	OPneumology
Chiropraxy	O Neurology	OPodiatry
Cognitive Behaviour Therapy	 Neurosurgery 	O Preventive Medicine / Healthscreening
O Dental care	O Nuclear medicine	Opsychiatry
Opermatology	Obstetrics	OPsychology
Olialysis	Occupational therapy	Rehabilitation
Oietary / Nutrition	Oncology	Reproductive medicine
Orug/alcohol abuse	Ophthalmology	Rheumatology
Emergency & Accident	Orthopaedics	Robotic surgery
○ Endocrinology	Osteopathy	Speech therapy
○ Gastroenterology	Otorinolaringology	O Sports Medicine
○ General medicine	Paediatric allergology	Stomatology / Oral Surgery
○ General surgery	Paediatric cardiology	Thoracic surgery
Genetics	Paediatric endocrinology	 Traditional Chinese Medication
○ Geriatrics	Paediatric gastroenterology	○ Transplant
○ Gynaecology	Paediatric general surgery	Traumatic surgery
○ Haematology	Paediatric nephrology	Tropical diseases
Herbalism	Paediatric neurology	Urology
HIV/AIDS screening, treatment	Paediatric oncology	O Vascular surgery
○ Home health	Paediatric ophtalomology	