



NATIONAL HEALTH INSURANCE HEALTH CARE PROVIDER APPLICATION FORM

Form P

INSTRUCTIONS

Please use block letters. A copy of the following documents must be submitted:

- Registration certificates from the Social Security Board, Inland Revenue Department and the Commercial Registry, as well as evidence of good standing in Social Security and Tax contributions.
- Valid Trade License for the institution.
- Proof of registration from the BVI Medical and Dental Council and/or the BVI Allied Health Professionals Council for all members of staff as applicable.

PROVIDER INFORMATION

PROVIDER NAME: _____

ADDRESS: _____

SOCIAL SECURITY EMPLOYER REGISTRATION NUMBER: _____

PHONE NUMBER/S: (____) _____ | (____) _____ | (____) _____ | (____) _____

EMAIL ADDRESS: _____

SERVICES PROVIDED: *(please attached a full list of services offered if the space provided is insufficient)*

HEALTH INFORMATION SOFTWARE IN USE: _____

I hereby apply to be a health care provider under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.

COMPANY STAMP

Name

Signature Date: D____ M____ Y ____

OFFICIAL USE ONLY

Officer's Name: _____

Signature: _____

Registration Number Assigned: _____

Date: D____ M____ Y ____