

VitalityHealth
St Christopher House
Wellington Road South
Stockport
SK2 6NG
Tel: 0800 092 9400
Fax: 0161 216 7261
Email: cons_helpline@vitality.co.uk

APPLICATION FOR RECOGNITION AS A THERAPIST

Title	Name
<input type="text"/>	<input type="text"/>
Professional Discipline	Membership Number(s) & Registered Organisations
<input type="text"/>	<input type="text"/>
Correspondence address (as it appears on your invoice)	
<input type="text"/>	
Postcode	
Primary contact information	
Secretary's name	Telephone number
<input type="text"/>	<input type="text"/>
Email address (email is the preferred method of communication)	Fax number
<input type="text"/>	<input type="text"/>
Submitting your invoices	
Submitting your invoices online is a mandatory condition of recognition with VitalityHealth	
Are you a current Healthcode user? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide your Healthcode registration number: <input type="text"/>	
If you answered no, the details you have provided will be used to register you for VitalityHealth online billing	
Your logon details will be set up in your name. If you would like us to set up a secondary logon for another user to submit invoices on your behalf, please provide their details here: <input type="text"/>	
BACS payment details - mandatory as payments are made by BACS transfer only	
Account/payee name (as it appears on your cheque book or invoice)	Account number
<input type="text"/>	<input type="text"/>
Bank name	Sort code
<input type="text"/>	<input type="text"/>

Declarations

By accepting this declaration I confirm that:

1. The information I have provided to VitalityHealth is correct to the best of my knowledge. I confirm that it is my responsibility to ensure that my clinical and business details are kept up to date.
2. I am a current Healthcode user and agree to submit invoices to VitalityHealth using the Healthcode service or I agree to be registered for e-billing through VitalityHealth's website and to submit invoices for my fees to VitalityHealth using this service. I understand that this service is provided to VitalityHealth by Healthcode and that the details I have provided in this application form will be shared with Healthcode for the purposes of registration.
3. I have provided my bank details to enable VitalityHealth to settle my invoices via BACS.
4. I have read and accept the full Terms of Recognition available at www.vitality.co.uk/healthcare-providers
5. Please indicate your fee per session £
6. Please tell us your session length in minutes mins

Without this information we cannot process your application.

Print name:

Signature:

Date:

Please return to cons_helpline@vitality.co.uk. We will notify you of the outcome of your recognition application in writing by email.

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