

Liberty Health Cover Service Provider Information Form



LIFE INVESTMENTS **HEALTH** CORPORATE PROPERTIES ADVICE

Important: please read the following before completing this application form

- Please write clearly using capital and block letters.
- It is compulsory to complete all the fields in this form.

Practice / Dr / Facility owner name		
Physical address		
Postal address (if different from physical address)		Postal code

CONTACT DETAILS

Name of responsible person	
Telephone numbers (please include country and area code)	+
Cellphone numbers (please include country and area code)	+
Fax numbers (please include country and area code)	+
Emergency contact telephone number	+
E-mail address	
Internet access (tick correct)	☐ YES ☐ NO
Preferred communication method (tick your selection)	☐ Telephone ☐ Mobile ☐ Fax ☐ E-mail ☐ Post ☐ Hand delivery

BANKING DETAILS (PLEASE COMPLETE TO ENSURE PAYMENT)

Account holder name	
Account number	
Account type	☐ Savings ☐ Cheque ☐ Transmission ☐ Other
Bank	
Branch name	
Branch code	Swift code
NIB (If applicable)	
IBAN (If applicable)	

Please attach the following documents

- Copy of the account holder's Identity Document/Passport/Driver's Licence.
- Copy of a bank stamped letter confirming banking details not older than 3 months.

DISCLAIMER: No banking details will be accepted without the abovementioned mandatory documents.

SERVICES OFFERED

Facility speciality

☐

Cardiac

☐

Orthopaedic surgery

☐

Neurology surgery

☐

General surgery

☐

Paediatrics

☐

Trauma

☐

Maternity

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Medical

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Out-patient

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Other

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Facility type

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In-patient

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Out-patient

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Emergency/Trauma

No. of beds

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No. of theatres

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Levels of acuity

☐

Specialist ICU

☐

Cardiac ICU

☐

Paediatric ICU

☐

High care

☐

Maternity

GENERAL WARD

Number of service providers

Medical officers

☐
☐
☐
☐
☐

Specialists

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General practitioners

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Others

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PROVIDER DECLARATION

I hereby declare the above to be true

Registration/Practice no.

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Signature

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Provider stamp

FOR OFFICIAL USE

FRONT OFFICE DECLARATION

I hereby declare that I have received and verified the above information with the required mandatory documents.

Name

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Front office stamp

Submitted to email address

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