



Healthcare Professionals

Application for Registration and Terms of Business

Application for registration and Professional Services Agreement for Qualified Healthcare Professionals (HCP)

Introduction

General & Medical have been providing Private Medical Insurance (PMI) to Individuals, Families, Groups, Associations and Businesses in the UK for over 30 years. We offer a full range of Private Medical Insurance policies from low cost basic covers to high end comprehensive covers and are well known for offering specialist Sports related covers. Our members/policyholders are spread throughout the UK and benefit from a personal level of service which the larger well known Private Medical Insurers find hard to match.

The group has many accreditations and memberships and we regularly receive 5 star ratings from our clients. Following are a selection of our accreditations:



Our policy holders expect to receive the highest levels of medical care available when they need to make a claim on their policy so it is incumbent on us to ensure we only work with Healthcare Professionals of the highest standard. The purpose of this document therefore is to gather information about you and your service and to share with You our terms of business such that an agreement can be established between us.

Notes:

The General & Medical Group (G&M) comprises of a number of companies, the following of which are relevant to this agreement.

General & Medical Insurance Ltd underwrite the PMI policies sold in the UK

General & Medical Healthcare (trading name of General & Medical Finance Ltd) provide administration services for the Group

ProAmica Ltd establishes and manages Healthcare Trusts

For ease of reference this document is split into 6 parts:

Part 1 The Application Form

Part 2 Terms of Business

Part 3 Hospital Liaison Service & M.A.P

Part 4 Reimbursement Tables

Part 5 Declaration & Signatures

Part 6 Definitions

Please complete the following form

Full Name:

Contact Number:

Email Address:

Correspondence Address:

GMC/HCPC Registration No.:

Your Initial Consultation Fee:

Follow up consultation fee:

Clinical Specialty:

Sub-Specialties:

Medical Secretary Name:

Secretary Phone and Email:

Hospital locations with Admitting Rights/Practicing Privileges: Clinic or Availability Times: Consultations held here Y/N:

General and Medical currently make payments by cheque. Please provide remittance address and to whom payable or the name of your Billing service:

Please tick to confirm you have attached proof of your Professional Indemnity Insurance

Terms of Business

This agreement seeks to establish the relationship with _____, You, the Healthcare Professional (**HCP**) and the provision of services you undertake and the General & Medical Group of companies and its **member/policyholders** to whom, these services will be provided.

You agree to provide **G&M** with regular and up to date information about the services and treatments you are providing to members and will, when appropriate, provide **G&M** with accurate medical reports in relation to treatment progress.

G&M acknowledge that You, may be represented by a group or consortium and You agree that all endeavours are made to maintain clear communication with your chosen group administrator for the avoidance of any doubt of **G&M member/policyholder** treatment and it's relevant information and; You undertake to ensure all guidelines are met under GDPR and data protection guidelines.

G&M intend that some or all of its **members/policyholders** have access to some or all of the clinically appropriate treatment services provided by You.

Both parties to this agreement undertake that for the duration of this agreement they will not knowingly take any action or permit any activity which results in damage to the reputation of the other party or is intended to damage the reputation of the other party.

You agree that from time to time **G&M** will offer communications to You in respect to its main business and its subsidiary's for the purpose of maintaining a working relationship where **G&M** feel that such information and services may be of benefit.

It is agreed that nothing in the agreement shall be deemed to constitute any association, co-operative enterprise nor partnership between **G&M** and You

Nothing in the agreement shall be deemed to exclude neither **G&M** nor You, and the liabilities to each other for fraudulent misrepresentation

Force Majeure

Neither party shall be liable in any way for loss, damage, or delay caused by any event or circumstances beyond its reasonable control.

G&M's Obligations

This agreement, once signed, shall place upon **G&M** the following conditions:

- a) Provide adequate provisions for submission of Your invoice(s) for eligible treatment provided
- b) Process and pay Your submitted invoice(s) for eligible treatment within a reasonable time frame
- c) Ensure we provide reasonable notification to You, where financial liability of treatment, either in part or in full, does not belong with **G&M**
- d) Provide a contact service to help with any of Your enquiries

Your Obligations

This agreement, once signed, shall place upon You, the following conditions:

- a)** To maintain Your details accurately with **G&M** and to inform **G&M** of any changes promptly, these details include;
 - i.** Your contact information to include telephone number, email address and correspondence address and where applicable, Your secretary details;
 - ii.** Your billing information pertaining the remittance address and payee
 - iii.** Your practicing privileges/admitting rights where consultations and treatment services are provided
 - iv.** Your professional indemnity insurance information
- b)** You will maintain your complicity with all applicable medical regulations
- c)** You will maintain all applicable insurances for indemnity cover
- d)** You will charge your fee in line with an agreed fee schedule
- e)** You will contact **G&M** in the event treatment of a **G&M member/policyholder** warrants a higher charge due to complexity to seek **G&M**'s consideration
- f)** You will ensure **G&M**'s **members/policyholders** who are to be treated by You, are aware of any financial liability beheld by them ahead of treatment taking place
- g)** You will ensure any billing/invoicing agency you use are informed of any fee agreement between **G&M** and You

Anti-Bribery and Corruption

Each Party shall comply with all applicable laws and regulations relating to the Bribery act 2010 and;

- a)** Shall have in place adequate procedures and policies to procure compliance;
- b)** Shall notify the other party upon becoming aware or upon suspicions being raised of activity that contravenes the regulations;
- c)** Shall not oblige either party nor any other person or business to contravene the regulations Failure to follow the agreed terms may be deemed as breach of this agreement.

Governing Laws

Each Party agrees that this agreement shall be governed by English Laws and shall submit to the exclusive jurisdiction of the English Courts.

You, are agreeing to the terms and conditions detailed herein as signified by your signature placed by You on this document.

Confidentiality & Data Protection

You, by signing this agreement, agree that:

You will maintain your obligations under the Data Protection Law.

You will report, as soon as is possible but within 24hrs, to **G&M**, any suspected breach(s) of personal data involving Personal Data.

Both parties shall comply with all applicable obligations under the Data Protection Legislation as may arise under this application for registration.

Both parties undertake to ensure that it has and at all times during this Agreement and for a period thereafter as may be necessary have, sufficient systems and controls in place to protect any personal data from any unauthorised access or unlawful processing and against accidental loss or destruction of, or damage to, personal data held or processed by it.

Both parties will ensure that personal data passed on to the other has been collected with the consent of all parties named therein, and that such use does not breach any notification under the UK Data Protection Legislation.

Both parties will keep strictly confidential any sensitive, confidential and/or commercial information obtained from the other party in connection with this Agreement.

Payment of Invoices

G&M agrees to maintain, using all reasonable endeavours, that payment for eligible treatment provided by You, to **G&M** members/policyholders will be made on a monthly basis, at the end the month following the month of receipt of invoice, and will be made by cheque and remittance providing:

- a) The treatment was given authorisation by **G&M** ;
- b) The invoice reflects accurate billing in relation to agreed **G&M** fee schedule as described in part 4 of this document;

You, are at liberty to and without prejudice, during normal working hours:

- a) Request acknowledgement of receipt of invoice(s) sent to **G&M** for the purposes of audit trail and;
- b) Request updates of progression of invoice(s) for processing after a minimum of 28 working days after confirmation of receipt of invoice
- c) Request aged debt review should payment of an eligible invoice not have been made 45 days after confirmation of receipt of invoice has been given.

Invoicing for services

G&M will pay for the services delivered to **G&M members/policyholders** to the extent of the following;

- a) The services delivered by You, to **G&M members/policyholders** are eligible services under the terms of the contract each **G&M** member/policyholder has with **G&M**;
- b) The services are delivered by You, in accordance with the rules & regulations relating to the delivery of the services which are in force at the time of delivery;
- c) The service charges by You, are in accordance with, unless otherwise agreed in writing, the **G&M** Fee Schedule as set out in part 4 of this document;
- d) The invoice charge relates to actual treatment you have provided to a **G&M member/policyholder**;
- e) The treatment of service was carried out by You;
- f) The invoice is received by **G&M** within 90 days of treatment/service taking place.

You can send invoices either via postal service to

**General & Medical House,
Napier Place,
Peterborough.
PE2 6XN**

Or, to the appropriate email address shown below. **G&M** recommends you do not send un-encrypted or non-password protected information via email and cannot be responsible for invoices lost in transit:

For G&M PMI policyholders use: Medicalbilling@generalandmedical.com

For ProAmica Trust members use: Medicalbilling@proamica.com

G&M expects the minimum that invoice details (for the benefit of accuracy of payment) should clearly include the following:

- a) Procedure/diagnostic code(s) the appropriate Clinical Coding & Schedule (**CCSD**) procedure code and narrative description as described in the latest version of the **CCSD** Schedule of Procedures;
- b) Where there is no dedicated **CCSD** code applicable then an accurate description of service/treatment;
- c) Procedure or service type (e.g. consultation, procedure, theatre, drugs);
- d) The patients full name & Address;
- e) The **G&M member/policyholders** number;
- f) Pre-Authorisation Number;
- g) Date of admission/treatment
- h) Treatment facility details
- i) Your GMC or appropriate clinical governing body, registration number.

Fee Uplift

On the rare occasion a procedure presents itself as more unusual or complex and You would like it to be considered by **G&M** for a fee uplift, you must inform **G&M** immediately by phone on 01733 233200 where You will be asked to provide Your evidence for the uplift. Extra payment will be considered on a case by case basis and at **G&M**'s discretion. Note; a request for a fee uplift by You does not automatically mean it will be agreed by **G&M**.

Indemnity Insurance

We expect You to hold, at all times during the course of this agreement, professional indemnity and/or medical malpractice insurance cover, taken up with a provider authorised to carry on insurance relevant to requirements. This insurance must be of sufficient level to cover all reasonable liabilities as foreseen to be possibly incurred as a result of treatment by you.

Complaints

Despite best efforts on by all parties, problems do arise and this agreement henceforth shall expect:

- a) Any complaint by You to be raised the in the first instance with **G&M's** Healthcare contracts Manager on 01733 233200 or via email to info@generalandmedical.com;
- b) Any complaint raised directly or indirectly to **G&M** against You by a **member/policyholder** will be notified, in writing, at Your correspondence address supplied to **G&M** by You, stating the issue of complaint;

Whilst all endeavours should be made to resolve the issue the complaint may be raised to a senior director of **G&M** by either party after a period of 14 days where there has not been satisfactory resolution or momentum.

Term and Termination Process

This agreement between You and **G&M** shall commence on the start date specified within this document and will remain in force until terminated by either party in accordance with the provisions as stated in this document, or upon revision, agreement and implementation of provider annual tariff review.

Either party may terminate this agreement by giving not less than 3 calendar months written notice to the other party. During the notice period both parties must maintain levels of service as described and agreed by this agreement. If the agreement is terminated by You, then You must warrant that should a **G&M member /policyholder** be due to receive treatment beyond the final termination date, You will continue to deliver treatment to the **G&M member/policyholder** until the natural end of the treatment or treatment plan in accordance with the service levels and charges that were in force prior to termination.

Any notice required to be given under this Agreement shall be in writing and may be delivered at or sent by registered mail, facsimile transmission or email to the following address, facsimile number or email address, as the case may be, of the Party to whom it is given: -

Healthcare Contracts Manager

General & Medical House,

Napier Place,

Orton Wistow,

Peterborough,

PE2 6XN

Fax: 01733 362888

Email: info@generalandmedical.com

Hospital liaison service

G&M can provide indirect referrals of **members/policyholders** via its Hospital Liaison Service to healthcare professionals (**HCP**) when requested directly by a **member/policyholder**.

By signing this agreement You agree that Your relevant details can be provided to **members/policyholders** in accordance for provision of this service.

These details will include only the following:

- a) Your Name and clinical contact details;
- b) Your specialty;
- c) The facilities where you hold clinics/admitting rights;
- d) Your fees (if known).

Your details will be included as part of a list of choice that is provided to a **member/policyholder**. The decision to choose a particular healthcare professional will remain the individual choice of the **member/policyholder** and **G&M** does not guarantee a set level of direct referrals to You.

The G&M Medical Advisory Panel

The purpose of the Medical Advisory Panel (M.A.P) is to bring experience and knowledge from the medical profession to **G&M** and to enable M.A.P members to gain insight into the world of PMI.

From time to time **G&M** have positions available within the M.A.P and would welcome new professionals to apply to join our M.A.P and meet within our business, to provide training and guidance and bolster our understanding of the medical industry and to benefit from the crossover of knowledge between all parties.

If you would like to be considered for a position on the panel in the future then please tick the box below and we will note your interest for when a position becomes open. At which time an application form will be sent to You using the details held within your record.

I confirm my interest to be considered to join the **G&M** M.A.P

General & Medical Group Maximum reimbursement table

G&M publish our fee table for appropriately qualified and licensed medical professionals registered with their professional associations and recognised by the **G&M** Group. They apply to qualified people who fall in to the general categories of;



The table should be read in conjunction with General & Medical Schedule of Procedures, both fee table and Schedule are available on line in the Healthcare professionals area. We recognise the **CCSD** coding system set out by the Clinical Coding & Schedule Development Group (**CCSD**) so please ensure that all correspondence show the appropriate **CCSD** code(s) for the treatment under review. Please visit <https://www.ccsd.org.uk> for further information.

The fee table shows the maximum **G&M** are prepared to pay for each of the complexity categories shown where **G&M** have not agreed a fixed price with You. Where **G&M** have not agreed a fixed price with You, these tables show maximum prices and **G&M** do not expect to be charged the maximum in every case.

G&M review the reimbursement table and procedural complexity level on a regular basis and reserves the right to adjust them in line with reasonable and customary charges and notification of changes will be available within the Schedule of Procedures document.

A comprehensive list of procedures is available as a downloadable Excel sheet available via www.generalandmedical.com/healthcare-professionals. This list is not exhaustive and **G&M** recommend that You confirm a level of reimbursement prior to provision of treatment. Where Your fees are expected to be higher than the maximum we allow for reimbursement, You must ensure that these fees are explained to the **member/policyholder** prior to treatment taking place.

Billing

When billing, all invoices should be sent to **G&M** in a timely manner to reach **G&M** within 90 days of the treatment taking place and please quote Your GMC number or other professional body registration number in all correspondence.

Consultation Fees

Consultations should routinely be done on a face to face basis, however, under circumstances that are **clinically appropriate**, remote consultations are recognised by **G&M** providing these are **clinically appropriate** for the medical condition being treated. The fee table shows **G&M's** maximum reimbursements for both face to face and remote consultations.

Multiple Procedures

When two procedures are carried out at the same time, maximum benefit available will be 100% of the primary procedure plus up to 25% extra for the secondary procedure. If three or more procedures are carried out at the same time, maximum contribution will be 100% of the primary procedure plus up to 40% extra for the additional procedures.

Variations

Certain procedures covering a higher complexity and requiring a fee outside of the **G&M** Fee Schedule MUST be agreed with **G&M** prior to treatment taking place. If You are in doubt please contact **G&M** prior to consultation and treatment.

Declaration & Signatures

Please confirm your acceptance of the following statements

- I declare I have completed the personal details form accurately and truthfully
- I confirm that if registered I will comply with the terms of this agreement
- I authorise **G&M** to seek any references to support this application and I understand that I must inform **G&M** of any change of circumstances I have detailed herein.
- Please confirm you agree to bill within our Fee schedule - Please provide fee details of procedures You perform that will fall outside of this on page 12
- From time to time G&M may send out information via marketing emails. Please tick this box if you do not wish to receive these.

Print Name

Signed

Date

For General & Medical use only

Print Name

Signed

Position

Date of Commencement of this agreement

Your procedures fees & further information

This section is for You to provide any information surrounding your fees for procedures that You perform where Your charge will be higher than those indicated under our Fee schedule, and any other notable information

CCSD CODE:

YOUR FEE:

CCSD CODE:	YOUR FEE:

NOTES:

Definitions

CCSD.

Means the Clinical Coding & Scheduling Development group

Clinically Appropriate.

Means necessary to meet the healthcare needs of the individual as determined by a recognised body of medical opinion

Complaint.

Means a concern or complaint raised either by or on behalf of a member/policyholder, a member of the G&M group or by You, in respect to treatment or service

CQC.

Means the Quality Care Commission (or equivalent body in Scotland, Wales or Northern Ireland) and any replacement body as the regulator of hospital and medical facilities

Data Protection Law.

Means the following legislation to the extent applicable from time to time: (a) National Laws implementing the Data Protection Directive (95/46/EC) and the Directive on Privacy and Electronic Communications (2002/58/EC); (b) the General Data Protection Regulation (2016/679) and any National law issued under that Regulation; and (c) any other similar National Privacy Law.

Eligible Treatment.

Means services/procedures/treatments provided to a G&M member/policyholder that is: (a) covered under the individuals' policy or Trust and; (b) performed at a facility that is recognised by G&M

Fees.

Means the Charges payable to You, the HCP, for the provision of services to members/policyholders of G&M

Fee Schedule.

Means the prices according to procedure and complexity set out by G&M and as published by G&M in accordance with the CCSD schedule of procedures

G&M.

For brevity within this agreement, all of the General and Medical group of companies shall be noted as G&M and/or G&M Group

HCP.

For brevity this means You, as named at the top of page 4, who has agreed to treat G&M members/policyholders

Member/Policyholder.

Means a person who has purchased a service or contract from one of the G&M Group of companies

Specialty.

Defines the areas of medicine identifiable within the GMC register, Royal College or HCPC register specific to clinical activity

Treatment.

Means any **clinically appropriate** medical, surgical or diagnostic service that is needed to diagnose, relieve or cure a disease, illness or injury.

Working Hours.

Means 08:45am to 17:15pm Monday to Friday, excluding weekends and public/bank holidays

Contact us:
0800 980 4601 or 01733 233200
info@generalandmedical.com
or visit www.generalandmedical.com

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General and Medical Finance Ltd are authorised and regulated by the Financial Conduct Authority (FCA) No. 579509 which can be checked by visiting www.fca.org.uk

General & Medical Insurance Ltd

Registered in Guernsey No 43984

Town Mills, Rue du Pre, St Peter Port, Guernsey. GY1 6HS

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The Guernsey Financial Services Commission.

General and Medical comply with the guidelines set by the Association of British Insurers for Health Insurance.

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