



VitalityHealth
PO Box 617
Darlington
DL1 9FF

Facility Recognition Profile Form – Outpatient

Facility Name:
Facility Manager:
Facility Business Office Manager:
Website:

Facility Address:	Telephone No:
	Fax No:
	Email:

Facility Owner:

Facility Owner Address (if different):	Telephone No:
	Fax No:
	Email:

Registration

Is the facility registered with the CQC/HIS/HIW/RQIA? (Delete as applicable)	Yes/No
If no, please provide further detail:	
If yes, please provide relevant registration/certificate number and CQC Provider ID number (where applicable):	
Companies House registration number:	



Facility Services

Please tick the services listed below that are available at the facility:

Consultations		Electrocardiogram (ECG)	
CT Scanner		ECG Stress Test	
EBCT		Echocardiogram	
MRI Scanner		Lung Function Tests	
PET Scanner		Bone densitometry	
PET-CT Scanner		Mammography	
Nuclear Medicine		Digital Mammography	
Ultrasound		Fluoroscopy Unit	
General x-ray		Interventional radiology	
On-site Pathology Laboratory			

Please list any other services available at the clinic not mentioned above:

Is free parking provided? (Delete as applicable)

Yes / No

Please provide details of any planned developments for the facility:

Please list all Consultants / Doctors who work from this facility (including GMC numbers):



Mandatory BACS Payment Details

Account/Payee Name *(as it appears on your cheque book or invoice):*

Sort Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank Name: _____

Please state preferred payment date *(Payment frequency is monthly):*

<input type="text"/>

Email address for provider statements *(Provider Statements will be emailed where possible)*

Postal address for provider statements:

Will the Facility/clinic be billing VitalityHealth using EDI? *(Further information on EDI billing is available at www.healthcode.co.uk):* Yes / No

Name:

Date:

Job Title:

Thankyou for completing the VitalityHealth Outpatient Facility Profile Form

Please return the completed form via email to hospital_recognition@vitality.co.uk