

HEALTH INSURANCE ORGANISATION

APPLICATION FORM FOR PARTICIPATION IN PROJECT INCENTIVES FOR DOCTORS OF PERSONAL co-location
PRIVATE UNDER THE OPERATING GHS (INDIVIDUALS / LEGAL
PERSONS / ASSOCIATIONS / COMPOUNDS)

No. Application: (For official use only)

Please read carefully the instructions in Part (F) before completing and submitting the application.

A. APPLICANT (1) (Completed by the applicant (1))

applicant group:
(Please tick the appropriate code based F.2. To instructions)

Staff Physician Category:
(Please tick appropriate code with F.3 basis. To the instructions)

If you are applying as an individual please send A.1.
If you are applying as a Legal Entity / Association / Union please send A.2.

A'1:
Name: GHS Code (See. Directions)

F.4):

A'2:
Name:

Business Name (if applicable): GHS

Code (See. Directions F.4):

Personal data co-location Physicians who provide services on behalf of the Legal Entity / Association / Union:

A / A	Full name	GHS Code
1		
2		
3		
4		

B. APPLICANT (2) (Completed by the Applicant (2))

applicant group:
(Please tick the appropriate code based F.2. To instructions)

Staff Physician Category:
(Please tick appropriate code with F.3 basis. To the instructions)

If you are applying as an individual please send B.1.
If you are applying as a Legal Entity / Association / Union please send B.2.

B.1:
Name: GHS Code (See. Directions)

F.4):

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B 2:

Name:

Business Name (if applicable): GHS

Code (See. Directions F.4):

Personal data co-location Physicians who provide services on behalf of the Legal Entity / Association / Union:

A / A	Full name	GHS Code
1		
2		
3		
4		

C. APPLICANT (3) (Completed by the applicant (3))

applicant group:
 (Please tick the appropriate code based F.2. To instructions)

Staff Physician Category:
 (Please tick appropriate code with F.3 basis. To the instructions)

If you are applying as an individual please send C.1.
 If you are applying as a Legal Entity / Association / Union please send C.2.

C.1:
 Name: GHS Code (See. Directions

F.4):

C.2:
 Name:

Business Name (if applicable): GHS

Code (See. Directions F.4):

Personal data co-location Physicians who provide services on behalf of the Legal Entity / Association / Union:

A / A	Full name	GHS Code
1		
2		
3		
4		

D. DECLARATION

By signing below, I certify that the information recorded and / or concluded on this form is complete, accurate and truthful. Further undertake the following:

1. Na immediately inform the Health Insurance Organization if any of the above items change or cease to be expensive and / or to provide true and the Health Insurance Agency with documents supporting these changes.

2. Working with the HIO in checks, including spot checks, and to provide any information I / information requested within the time frame specified by the HIO to conclude that the economic aid delivery conditions set out in paragraph 5 of the "Plan of Incentives for co-location personal physician of the private sector within operation of the National Health System ", both in the examination of the application and during the period of two (2) years following the approval of the application.

3. To return the amount of financial support to the Health Insurance Fund within the time would determined by the HIO, if financial support become repayable in accordance with paragraph 5 of the "Plan of Incentives for co-location Personal Physicians private sector operating within the National Health System."

APPLICANT (1) (see instructions F.5.)

APPLICANT (2) (See instructions F.5).

APPLICANT (3) (see instructions F.5.)

Full name

Full name

Full name

Capacity

Capacity

Capacity

No. identity

No. identity

No. identity

Signature

Signature

Signature

Date

Date

Date

E. PRIVACY

Please inform yourself about in Appendix I of this Form.

VI. INSTRUCTIONS

1. The AITITES may be natural persons / legal entities / cooperatives / associations. The application must be submitted jointly from individuals / legal persons / cooperatives / Compounds which cover co-located personal physician.

If the applicant is a legal entity / Cooperative / Association applying itself to the co-location of CIs providing services on behalf of the applicant only complements A.2.

In case of more than three (3) applicants to add more leaves.

2. The codes for the category of the applicant are as follows:

01 - Natural person

02 - Private legal person - Cyprus company 03 - private entity - European company 04 - private entity - foreign companies 05 - public entities

06 - Registered Association of Companies 07 - Non-Registered Partnership to the Registrar of Companies 08 - Association for Individuals 09 - Association of Legal Entities

10 - Union of Physical and Legal Entities

3. The codes for the Personal Physician category for which the applicant provides services are as follows: 01 - Personal Physician for children (pediatrician)

02 - Personal Physician for adults

4. The GHS code is the unique number assigned at the time of registration at GHS.

5. The application must be signed by the applicants submitted before. If the applicant is Natural person, the application shall be signed by the natural person. If the applicant is a legal entity / Association / Union, the application must be signed by an authorized signatory who declares his status.

6. See Annex I regarding the protection of personal data

7. The signed form should be delivered by hand by the applicant or handed via courier to the HIO Archives from Monday to Friday (except public holidays) between the hours of 8:30 to 14:30 at: Clement 17 & 19, 4th floor, 1061 Nicosia with receipt stamp that includes the date and time of receipt.

HEALTH INSURANCE ORGANISATION

ACKNOWLEDGMENT OF RECEIPT OF APPLICATION FOR THE PROJECT INCENTIVES FOR PERSONAL DOCTOR co-location
PRIVATE SECTOR UNDER THE OPERATION OF THE GHS

To be completed by the applicants:

APPLICANT (1):

Name: No.. ID:
..... ..

APPLICANT (2):

Name: No.. ID:
..... ..

APPLICANT (3):

Name: No.. ID:
..... ..

To be completed by the recipient:

Date and time of application:

Stamp and signature of recipient:

ANNEX I

PERSONAL DATA - INFORMATION ON THE PROTECTION OF YOUR PERSONAL DATA

The personal information that you submit on this form will enjoy the protection provided by the General Regulation of the EU Data Protection 2016/679 and national legislation in force, as amended from time.

Such personal data will only be processed for purposes of execution of contractual / administrative requirements of the Health Insurance Organization Against your person is an indispensable condition for their implementation.

Your data will be deleted from the records of the Agency within six months from the date of expiry of the above obligations, unless exercised any legal administrative process / application in which case, your personal data will remain on file until the expiry of any relevant administrative and / or legal proceedings.

While they retain the HIO and / or process your personal data, keep the following rights:

- a) access
- b) correction or amendment

The Privacy Policy of the Health Insurance Organization has been posted on the Agency's website:

www.gesy.org.cy/dataprotection and you can send any of your related question / request to the Data Protection Officer at the following addresses:

DPO, HIO, PO 26765, 1641 Nicosia or dataprotection@hio.org.cy