

To the Agency Team

Provider:

Date:

Re: **PRIVATE HEALTHCARE SCHEME:**

SCHEME NUMBER:

SCHEME NAME:

CONSULTANT'S NAME:

PROVIDER'S AGENCY CODE:

Annual Premium £: **Renewal Date:**

Letter of Appointment

We wish to confirm the appointment of Chartwell Healthcare Limited as our Intermediary for the above numbered Healthcare Policy.

We understand that appointing Chartwell Healthcare to service our policy will not incur any fees nor affect the benefits, underwriting or any treatment currently being undertaken by any Member.

Chartwell Healthcare Limited will be acting for us in various areas concerning the management of the Policy: please therefore give them your fullest co-operation, including the provision of any information that they may require.

Please confirm this request has been actioned either by fax or e-mail to: -

Fax Number: 0117 917 1899

Email:

Yours sincerely

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Scheme Administrator's signature / Authorised signatory

Print Name & Title: Mr/Mrs/Ms.....

Capacity:.....