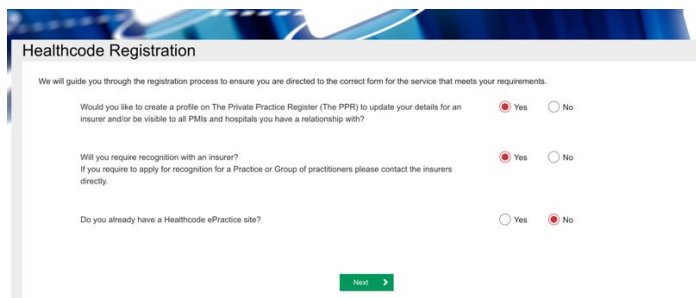


How to Register with PPR for Homeopaths

Start here <https://www.healthcode.co.uk/the-ppr/> and follow the steps in this document.

Please note; if you have followed the steps below and are still struggling to register, please contact PPR at: custserv@healthcode.co.uk

Page 1: Please tick the following buttons



Healthcode Registration

We will guide you through the registration process to ensure you are directed to the correct form for the service that meets your requirements.

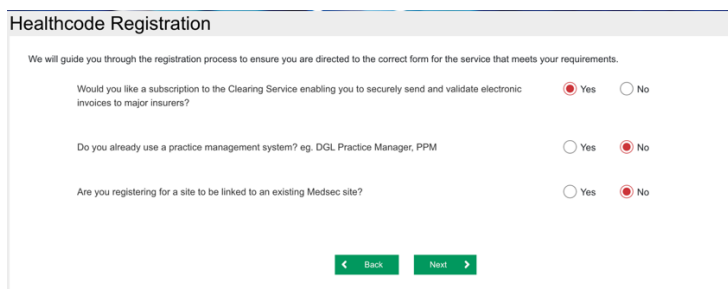
Would you like to create a profile on The Private Practice Register (The PPR) to update your details for an insurer and/or be visible to all PMIs and hospitals you have a relationship with? ☒ Yes ☐ No

Will you require recognition with an insurer?
If you require to apply for recognition for a Practice or Group of practitioners please contact the insurers directly. ☒ Yes ☐ No

Do you already have a Healthcode ePractice site? ☐ Yes ☒ No

[Next >](#)

Page 2: Please tick the following buttons



Healthcode Registration

We will guide you through the registration process to ensure you are directed to the correct form for the service that meets your requirements.

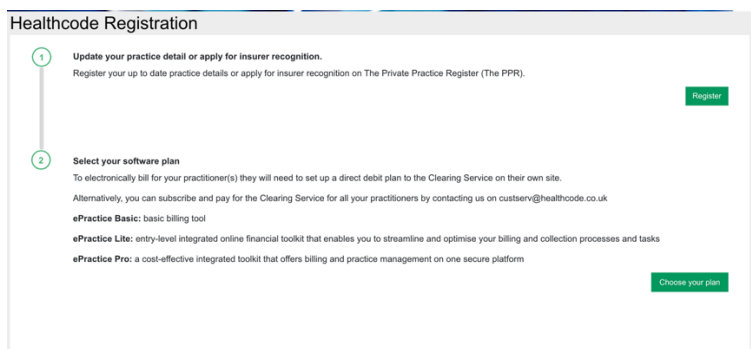
Would you like a subscription to the Clearing Service enabling you to securely send and validate electronic invoices to major insurers? ☒ Yes ☐ No

Do you already use a practice management system? eg. DGL Practice Manager, PPM ☐ Yes ☒ No

Are you registering for a site to be linked to an existing Medsec site? ☐ Yes ☒ No

[< Back](#) [Next >](#)

Page 3



Healthcode Registration

1 Update your practice detail or apply for insurer recognition.
Register your up to date practice details or apply for insurer recognition on The Private Practice Register (The PPR). [Register](#)

2 Select your software plan
To electronically bill for your practitioner(s) they will need to set up a direct debit plan to the Clearing Service on their own site.
Alternatively, you can subscribe and pay for the Clearing Service for all your practitioners by contacting us on custserv@healthcode.co.uk

ePractice Basic: basic billing tool

ePractice Lite: entry-level integrated online financial toolkit that enables you to streamline and optimise your billing and collection processes and tasks

ePractice Pro: a cost-effective integrated toolkit that offers billing and practice management on one secure platform

[Choose your plan](#)

Page 4 – Click Proceed

Before You Complete the Form

Please read the below instructions before completing the form.

You will need the following information to hand before this [startable link](#). The information you enter may be used depending on the options you select for your recognition with certain insurers.

When completing the form, please ensure you do not navigate away from the form. You must complete the form in one session, as you will be unable to save and complete at a later date or time. The form will take approximately 20 to 30 minutes to complete.

You must have the following information to hand before you start completing the form. All mandatory fields are marked with an asterisk (*). For help with the form please contact Customer Services on 0300 900 4900.

- Where applicable details about your current NHS post
- Where applicable confirmation of your NHS Post, a named referee and an NHS reference. If you do not have a suitable reference you may download a template reference form. Please note NHS references and evidence of practice is required for other professions may omit this section. Practitioners who gained their experience within the military may submit their ADOVA certification.
- Details of your private practice including the name and address of the facilities you use
- Your specialty and the procedures/treatment you carry out
- Details of any qualifications you have obtained
- Details of any certificates you have achieved including a scanned copy of the certificate
- Bank details for receiving insurer payments
- Details of your medical indemnity including a scanned copy of the certificate

As part of your application, you are required to upload a scanned copy of the following documents:

- NHS reference required for the above listed professions
- Any professional certificates you have obtained
- Medical indemnity

Any files you wish to upload must either be in PDF, JPEG or GIF format and must not exceed 5MB.

[Proceed](#)

Page 5: Click buttons as below

Select Insurers

The PPR enables you to:

- Fast track your application for PMI recognition
- Store all your private practice documents securely online
- Build and maintain your private practice profile
- Take control of your business

If you're already in Private Practice and do not need to apply for PMI recognition, simply register for The Private Practice Register to build your profile. Please tell us which insurers you are recognised with. You may also apply for recognition with other insurers at the same time by ticking "Apply For Recognition".

Where you are applying for insurer recognition, please ensure you read the Terms and Conditions for each of the insurer(s) you wish to apply for. By selecting the insurer for application recognition and/or Fee Schedule you hereby agree to the specific insurer's Terms and Conditions and Fee Schedule.

	Already Recognised	Apply For Recognition	Adhere To Fee Schedule	Yes	No	Fee Schedule
Allianz Partners	Terms & Conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Fee Schedule
Aviva	Terms & Conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Fee Schedule
AXA Health	Terms & Conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Fee Schedule
VitalityHealth	Terms & Conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Fee Schedule
WPA	Terms & Conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Fee Schedule

[Next](#)

Page 6: Dropdown – Pick Homeopath

ABOUT YOU

Professional Details

If your profession and/or regulatory body is not listed, please contact Customer Services on 0300 900 4900 or email custserv@healthcode.co.uk

Homeopath

Select Regulatory Body *

Reference *

Registration Date *

Reference

Registration Date

First Name *

Middle name

Last Name *

Preferred Name

Select Gender *

Date of Birth *

Practice Name

http:// Practice Website

Biography

Max. 10,000 characters

[Upload Profile Photo](#)

(PNG, JPEG or GIF; max size 5MB)

Page 6: Select ANP, Complete your Personal Details and Click Next

Professional Details

If your profession and/or regulatory body is not listed, please contact Customer Services on 0330 900 4900 or email customers@healthcode.co.uk

Select Insurers

About You

NHS Practice

Private Practice

Fitness to Practice

Medical Secretary

Payments

Insurance Details

Contact Details

Review & Submit

Homeopath

Select Regulatory Body *

British Nursing Body

The Society of Homeopaths

Jersey Health and Social Services (JHSS)

Alliance of Registered Homeopaths (ARH)

Association of Naturopathic Practitioners (ANP)

The Faculty of Homeopathy (BFHOM)

The Homeopathic Medical Association (HMA)

Primary

Profession

Regulatory Body

Reference

Registration Date

Personal Details

Select Title *

First Name *

Middle Name *

Last Name *

Preferred Name

Select Gender *

Date of Birth *

Practice Name

Http://

Practice Website

Biography

Max. 10,000 characters

The Private Practice Register

Powered by **healthcode**

Insurer Recognition | Practising Privileges | News | About The PPR

Sign In

About You

Professional Details

If your profession and/or regulatory body is not listed, please contact Customer Services on 0330 900 4900 or email customers@healthcode.co.uk

Select Profession *

Select Regulatory Body *

Reference *

Registration Date *

Save Changes

Primary	Profession	Regulatory Body	Reference	Registration Date	
<input checked="" type="radio"/>	Homeopath	ANP	2931	25/03/2025	Remove

Personal Details

Mrs

First Name *

Middle Name *

Last Name *

Preferred Name

Select Gender *

Date of Birth *

Practice Name

Http://

Practice Website

Update Profile Photo

(PNG, JPEG or GIF, max size 5MB)

Use your ANP membership number as the reference and for registration date use the date that your membership last renewed.

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Sign In

NHS Practice

NHS references and evidence of practice is required for Anaesthetist, Audiologist, Healthcare Scientist Practitioner, Medical Exercise Referral Specialist, Neuropsychologist, Ophthalmic Science Practitioner, Orthodontic, Paramedic, Pathologist, Physician, Practitioner Podiatric Surgeon, Psychiatrist, Radiologist, Sport Rehabilitation and Surgeon. Other professions may omit this section. Practitioners who gained their experience within the military may submit their A&M&D certification.

By completing the NHS reference and evidence sections you are consenting for insurers to contact your designated referee should they require to do so to complete the processing of your application.

Have you held or do you currently hold an NHS post? ☐ Yes ☒ No

Consultant Post

Start Date

End Date

Select Hospital/Practice Name

Select Contact Title

Contact First Name

Contact Last Name

Contact Other Name

Contact Job Title

Tick No to NHS post.

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Private Practice Title Case On

[Select Insurers](#)
[About You](#)
[NHS Practice](#)
[Private Practice](#)
[Fitness to Practise](#)
[Medical Secretary](#)
[Payments](#)
[Insurance Details](#)
[Contact Details](#)
[Review & Submit](#)

Select Hospital/Practice Name * Start Date *
 Address Postcode * Patients Treated *
 Phone * Type of care provided *
 Email *
 Fax

Practice Hours *

Day	Morning	Afternoon	Evening	Frequency
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="button" value="v"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="button" value="v"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="button" value="v"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="button" value="v"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="button" value="v"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="button" value="v"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="button" value="v"/>

Hospital/Practice Name: [Image] Patients Treated: 18-64 Years, 65 Years and over Type of Care: Outpatient (Consulting only) Practice Hours: [Image] View More: [Image] Remove: [Image]

Specialties and Treatments

Specialties and Sub-Specialties	Procedure/Treatments
Homeopathy	11300: Initial Consultation
Homeopathy	11320: Consultation (Exceeding 40 Minutes)
Homeopathy	12760: Follow-up consultation
Homeopathy	1CCND: First consultation

[Add Procedure/Treatments](#) [Previous](#) [Next](#)

On Fitness to Practise select Qualification.

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Fitness to Practise Title Case On

[Select Insurers](#)
[About You](#)
[NHS Practice](#)
[Private Practice](#)
[Fitness to Practise](#)
[Medical Secretary](#)
[Payments](#)
[Insurance Details](#)
[Contact Details](#)
[Review & Submit](#)

Practising privileges Withdrawn (historic) ☐ Yes ☒ No
 Prior or current investigations and proceedings by the police and any professional body, both UK and non UK ☐ Yes ☒ No
 Confirm Licence to Practise ☒ Yes ☐ No

Qualifications

Select Qualification
 Select Year Of Qualification
 Place Of Qualification
 Select Country Of Qualification

[Add](#)

Next add bank details and tick the T&Cs box.

You should now be registered!

Any issues with this process, please contact PPR at: custserv@healthcode.co.uk