



Guide to Register for PPR Guidance

Most of the questions relate to those working in hospitals etc., so if you are an acupuncturist and work in your own clinic many questions are not relevant for you. This guide is for these situations and hence why many of the questions below has been answered with a 'No'.

Before you start make sure you have:

1. Qualification certificate (PDF, PNG, JPEG or GIF not to exceed 5MB)
2. Name and address of your clinic
3. Photo of yourself – optional (PDF, PNG, JPEG or GIF not to exceed 5MB)
4. List of treatment/procedures you carry out
5. A short biography about yourself (maximum 10,000 characters)
6. Your bank details for receiving insurer payments
7. Your insurance certificate/document (PDF, PNG, JPEG or GIF not to exceed 5MB)

	Step by step guide	Action needed
1	Click this link to open page in your web browser: Healthcode Registration - Ip - Healthcode	Click on the Start Registration button
2	Would you like to create a profile on the PPR?	Select Yes
3	Will you require recognition with an insurer?	Select No (ARA pre-agreed Group)
4	Do you already have a Healthcode ePractice site?	Select No
5	Subscribe to a clearing service?	Select No
6	Do you already use a practice management system?	Select No
7	Healthcode Registration The PPR: Update your practice details or apply for insurer recognition. (Included is complimentary access to ePractice basic – basic billing tool)	Click on Register button

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8	Before you complete the form (List of items you need beforehand – relevant ones have been listed at the top of this document)	Click on Proceed button
9	Select Insurers Note: For each treatment, each PMI will have a standardised hourly rate. When clicking through to find rates but couldn't find so agreed to fee schedule if it asked.	Select Apply for Recognition tick box and it should select all the insurers. Select Yes to Adhere to Fee schedule.
10	About You: Profession	Select Medical Acupuncturist
11	About You: Regulatory Body	Select Acupuncture Regulatory Authority (ARA)
12	About You: Reference	Association no. or ARA no.
13	About You: Registration Date	Registration date with ARA
14	Add Profession Button appears	Click on Add Profession button
15	About You: Personal details	Name, DoB, Photo (optional), Practice Name, Practice Website, Biography
16	NHS Practice – Do you hold an NHS post?	Select No unless of course you do Select Next button
17	Private Practice – Hospital / Practice Name and details	Select Other Add your Practice Name and Details Type of care provided Daypatient Click Add Button and your practice info will appear in a table
18	Private Practice – Specialities and treatments	Click on Add Specialities and Select Acupuncture Add Procedures/Treatments will appear – however it seems only acupuncture is listed for this speciality Click Next button
19	Fitness to Practice	Straight forward Yes / No answers
20	Qualifications Qualification Year of Qualification Place of Qualification (where you studied) Country of Qualification	Select Member of Acupuncture Regulatory Authority. (ARA) if a member – Else Select Other and provide qualification details Click Add button
21	Appraisals	Leave blank

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22	Certification Title Certification Body	Type in your Qualification Title Select Other and then type in the body who provided the Qualification Click on Browse Upload your Certificate
23	Disclosure Barring Service DBS	Upload DBS certificate if you don't have one leave blank Click on Next button
24	Medical Secretary Details	Click on Next button
25	Payment details Would you like to give permission to insurers to display your bank details on their patient statements	Add your Bank Details Select No unless you would like this to be done
26	Medical Indemnity Insurance Details Medical Indemnity Insurer Renewal Date Certificate number	Select Zurich Insurance Plc (if with Balens) Select renewal date of your insurance Add Insurance ref. no. as on your cert Click on Browse button and Upload Certificate Click on Next button
27	Correspondence details Billing details	Select Hospital/Practice address and select the practice name from the drop down list or add your Home address Select options for correspondence Select address for billing address – which may be passed to clients so maybe Clinic Address better
28	Review and Submit	Tick box after reading T&C's Add a memorable phrase which will be used to verify your email address shortly after you press Submit button.
29	Check your email account	Check your email inbox shortly after, and use the link provided to enter your memorable phrase. The link is valid for 24 hours before it expires so ensure you do this.