

# Healthcare professional banking details for the payment of claims 2024



## Contact us

Tel: 0860 44 55 66, PO Box 784262, Sandton 2146, [www.discovery.co.za](http://www.discovery.co.za)

If your practice is not registered on our system, we cannot update or load the banking details. To register, please send us:

1. A copy of the Practice Code Numbering System (PCNS) form that the Board of Healthcare Funders (BHF) issued to the practice
2. Certified copies of the healthcare professionals' valid identity documents (not older than three months)
3. Please complete the Discovery Health Practice registration form

Email the documents to: [provider\\_administration@discovery.co.za](mailto:provider_administration@discovery.co.za). The turnaround time for the registration process is two to three working days.

## What you must do

- Fill in the form below.
  - The accountholder must sign the form.
  - Attach the following documents:
    - Copy of the ID, passport or valid driving licence of the requestor and authorised signatories (not older than 3 months).
    - Copy of a letter with an original stamp from the bank (on an official letterhead) showing the accountholder's name, account number, account type and branch code (not older than 3 months).
- OR
- Copy of a bank statement with an original bank stamp that confirms the accountholder's name, account number, account type and branch code (not older than 3 months).

**Please note:** This request to change your banking details applies to the payment of claims and enables us to accurately change banking details. It will take us up to three working days to update your banking details and we may contact you to validate this request. If you need us to pay into the new account, please do not submit claims until you have received a notification from us that we have changed the banking details for consistency.

## How to complete this form

- Complete with black ink and print clearly.
- **To avoid administration delays, please make sure this form is completed in full.**
- Send the completed form and the above documents by email to: [providerbankingdetails@discovery.co.za](mailto:providerbankingdetails@discovery.co.za).

### 1. Provider details (please give us the details of the owner of the practice)

Full name and surname	<input type="text"/>		
Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>		
Practice number	<input type="text"/>	Registration number (mandatory)	<input type="text"/>
VAT number	<input type="text"/>		

**Please note that banking details cannot be updated without the company's registration number or ID number.**

### 2. Previous banking details

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	Type of account	Cheque <input type="checkbox"/> Savings <input type="checkbox"/>
Accountholder's name	<input type="text"/>		

