

Health professional practice management and web access details

Please remember to include copies of your identity document and the practice's BHF/PCNS registration form.

Please send the completed form to Provider Administration, Discovery Health on 011 539 1039 or Provider_Administration@discovery.co.za

1. Practice manager details

Practice management details (to be completed for all satellite practices)

Practice number	<input type="text"/>	
	Practice Contact 1	Practice Contact 2
Practice manager name (title)	<input type="text"/> Name <input type="text"/>	<input type="text"/> Name <input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Practice manager ID number	<input type="text"/>	<input type="text"/>
Cell number	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Receptionist name (title)	<input type="text"/> Name <input type="text"/>	<input type="text"/> Name <input type="text"/>
	<input type="text"/>	<input type="text"/>
Receptionist ID number	<input type="text"/>	<input type="text"/>
Cell number	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

2. Bureau services

Do you make use of a bureau service Yes No

Bureau name

Bureau contact name

Bureau telephone number

Bureau email address

3. Web access

Who must have access to the web
 Practice manager Bureau Receptionist

Full name of health professional

Health professional's signature Date

Contact person if there are problems loading the chosen individuals on the web:

Name Surname

Contact number Cell number

Email address

Please note that this process has a turnaround time of 48 hours. Please include copies of the individual's identity document.