

## Contact us

Tel (Members): **0860 99 88 77**, Tel (Health partner): **0860 44 55 66**, PO Box 784262, Sandton 2146, [www.discovery.co.za](http://www.discovery.co.za).

## Purpose of the form

To register an individual or group practice and all healthcare professionals linked to the group practice with Discovery Health.

## What you must do

Please complete this form in full and email the completed form with the relevant supporting documents to [practice\\_registration@discovery.co.za](mailto:practice_registration@discovery.co.za).

### Supporting documents to register an individual practice

Please supply copies of the following documents:

- BHF client information sheet
- South African ID or passport of the practitioner (certified copies may not be older than 3 months)
- VAT registration document (if applicable)
- Dispensing licence (if the practice dispenses medicine)
- A copy of the authorised signatory's ID document, passport or valid driving licence

### Supporting documents needed to register a group practice or incorporated practice

Please give us copies of the following documents for all healthcare professionals linked to the group practice:

- BHF client information sheet of the group practice
- South African ID or passport of all practitioners linked to the group practice (certified copies may not be older than 3 months)
- VAT registration document (if applicable)
- Dispensing licence (if the practice dispenses medicine please add if applicable)
- Letterhead signed by the signatory confirming all the healthcare professionals linked to the group practice
- Please send us a copy of the ID of the signatory (certified copies may not be older than 3 months)

### More supporting documents needed to register a group practice: **\*Only practices that are registered with Discovery Health can be linked to the group practice.**

- Company registration document: Letterhead confirming the details of the owner of the practice and a certified copy of their South African ID.
- Letterhead confirming the signatory of the practice and a certified copy of their South African ID document.
- A completed Web Access form to link the signatory to the practice.
- Details of any special services the practice offers, such as rehabilitation and, dialysis as well as copies of the relevant certification documents.
- For **drug and rehabilitation centres**, send us a certified copy of the registration documents from the Department of Social Development.
- For ambulance services and psychiatric facilities, send us a certified copy of a valid Department of Health certificate and a valid vehicle operating licence.

*Note: We only register in-patient drug and rehabilitation facilities. We do not register halfway houses.*

## What you must do

Please complete all sections in full and email the completed form with the relevant supporting documents to [practice\\_registration@discovery.co.za](mailto:practice_registration@discovery.co.za).

## 1. Practice details (compulsory)

I want to register the following practice: (Tick one)

Individual practice     Group practice     Incorporated practice

Name of practice

Practice number



