

Purpose of the form

The purpose of this form is to provide web access to the health professionals information.

Contact us

Tel: **0860 44 55 66**, PO Box 784262, Sandton 2146, www.discovery.co.za

Please email the completed form to Provider_administration@discovery.co.za

It is the responsibility of the practice / bureau to advise Discovery Health of any personnel that left the practice in order to delink the role(s)

Practice manager:

A practice manager has access to a certain amount of clinical information for the patient population to facilitate benefit applications. Members are requested to provide consent for the practice to access this information.

A receptionist is limited to administering certain checks and tasks at the front desk (obtain and view member consent, primary **healthcare** practitioner allocations, benefit checks for the member)

Both roles have full access to HP Zone allowing access to view claim statuses

1. Practice manager details

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

Practice number	<input style="width: 100%;" type="text"/>	
	User	User
Title	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ID Number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cellphone	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Email address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
HP Zone access	Yes <input type="checkbox"/> No <input type="checkbox"/>	HP Zone access Yes <input type="checkbox"/> No <input type="checkbox"/>
Title	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ID Number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cellphone	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Email address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
HP Zone access	Yes <input type="checkbox"/> No <input type="checkbox"/>	HP Zone access Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Practitioner details

This form must be signed by the practice owner/practice manager already linked to Discovery HP Zone for the above practice.

Disclaimer: By signing this document, you accept responsibility for any data breaches that may occur within your practice.

Full name of healthcare professional	<input style="width: 100%;" type="text"/>
Healthcare signature	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>
Contact person if there are problems loading the chosen individuals on the web:	
Name	<input style="width: 100%;" type="text"/>
Contact number	<input style="width: 100%;" type="text"/>
Email address (for receipt of statements)	<input style="width: 100%;" type="text"/>