

Application to join the Momentum Health GP network/s

Please tick which GP network/s the application is for:

- ☐ Fishing Industry Medical Scheme GP Network
- ☐ Momentum Health Primary Care GP Network: Horizon Hospital Plus Network Plan; Medimed Medisave Option; Momentum Medical Scheme Ingwe Primary Care Network and Ingwe Active Network; Moto Health Care Custom and Essential Options; Pick n Pay Primary Option; Wooltru Network Option; Momentum Health4Me; Suremed Health Explorer and Shuttle Options
- ☐ Momentum Health GP Reimbursement Programme Agreement: BP Medical Aid Society and Momentum Medical Scheme
- ☐ Imperial Motus Medical Scheme GP Network

Do you understand and support the commitment to cost-effective treatment choices where appropriate?

Yes

No

1: Main provider's information

Practice name

Main doctor's name

HPCSA registration number

Individual practice number

Affiliated practice number

Doctor's ID number

Gender

Male

Female

Group practice number

Indemnity insurance number

2: Partners, associates and permanent locums' information

Please only complete this information if they are contracting to Momentum Health with the main provider.

Full name

Practice number

ID number

Gender

Male

Female

Full name

Practice number

ID number

Gender

Male

Female

Full name

Practice number

ID number

Gender

Male

Female

3: Main practice's details

Physical address

Suburb

Town

Province

Postal code

Postal address

Postal code

Practice telephone number

Doctor's email address

Practice's email address

Accounts' email address

Practice hours

Mon – Fri

–

Sat

–

Practice manager/receptionist's name

4: Practice information

Do you have a dispensary?	Yes		No	
Do you have a computer in the consulting rooms?	Yes		No	
Do you have a computer at reception?	Yes		No	
Do you make use of a bureau?	Yes		No	
Do you make use of locums from time to time?	Yes		No	
Do you work in an emergency facility?	Yes		No	
Do you work on an appointment or walk-in basis? Please specify:				
Are you or have you ever been under investigation for a complaint against you?	Yes		No	
If yes, please specify:				

5: Equipment and procedures information

Please indicate if you have the equipment to perform the procedures listed below at the practice:

Sonar machine	Yes		No		Circumcisions - clamp method	Yes		No	
Lung function machine	Yes		No		Circumcisions - surgical or other	Yes		No	
Peak flow meter	Yes		No		Limb casts with plaster of Paris	Yes		No	
ECG machine	Yes		No		X-ray machine in practice	Yes		No	
Treadmill	Yes		No		Bike	Yes		No	

6: Satellite practices

Do you have any satellite practices? If yes, please complete the information below.	Yes		No	
Address of satellite practice				
		Postal code		
Satellite practice telephone number				
Address of satellite practice				
		Postal code		
Satellite practice telephone number				

7: Main provider's signature

Signature		Date	D	D	M	M	Y	Y	Y	Y
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Please email the completed form to **providercontracts@momentum.co.za**.

Please note: Your application will be reviewed and feedback will be provided within 7 to 14 days. If successful, the relevant contract will be sent to you for your perusal.

General eligibility criteria:

- BHF registered provider
- HPCSA – active; no current investigations/judgements
- Provider not on indirect or suspended payment with any medical scheme

Momentum Health Primary Care GP Network specific eligibility criteria:

- Provider-to-member ratio
- Limited to area where members work and live
- Ingwe Active Network – close proximity to educational institutions