momentum
health

Application to join the Momentum Dental Network

Momentum Dental Network for Momentum Health4Me, Momentum Medical Scheme Ingwe Primary Care Network and Ingwe Active Network, Fishmed Primary and Standard Options, Horizon Plus Network Plan, Moto Health Care Custom and Essential Options, Pick n Pay Medical Scheme Primary Option, Suremed Health Explorer and Shuttle Options, and Wooltru Network Plan.

Do you understand and support the commitment to cost-effective treatment choices where appropriate? Yes ☐ No ☐

1: Main provider information

Practice name

Individual practice number | Group practice number

Affiliated practice numbers

Main doctor's name

Doctor's ID number | Gender Male ☐ Female ☐

HPCSA (MP) number | Do you have insurance cover? Yes ☐ No ☐

2: Partners/Associates/Permanent Employees/Locums

Only complete this information if they would like to contract with Momentum Health through the main provider.

Full name	Practice number	Male/Female	ID number

3: Main practice details

Street address

Postal code

Postal address

Postal code

Practice telephone number

Doctor's cell phone number | Emergency number

Doctor's email address

Practice email address

Accounts email address

Practice hours: Mon – Fri : – : | Practice hours: Sat : – :

Practice manager/receptionist's name

4: Practice information

Do you have an oral hygienist in your practice? Yes ☐ No ☐

Does the oral hygienist submit claims on your practice number? Yes ☐ No ☐

Are you, or have you ever, been under investigation for a complaint against you? Yes ☐ No ☐

If yes, please specify:

5: Satellite practice

Do you have a satellite practice? Yes ☐ No ☐

Address of satellite practice

Postal code

Satellite practice telephone number

Address of second satellite practice

Postal code

Second satellite practice telephone number

Signature **Date** D D M M Y Y Y Y

Eligibility criteria:

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

Please email the completed and signed form to **providercontracts@momentum.co.za**.

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