

Application to join the Specialist Networks administered by Momentum Health

Momentum Health Specialist Network for: BP Medical Aid Society; Fishing Industry Medical Scheme (Fishmed); Golden Arrow Employees' Medical Benefit Fund; Momentum Medical Scheme; Moto Health Care; Pick n Pay Medical Scheme and Wooltru Healthcare Fund

1: Provider's information

Practice name
Discipline
Individual practice number
Group practice number
Affiliated practice number
HPCSA (MP) number
Main doctor's name
Doctor's ID number
Area of special interest
Physical address
Postal address
Practice telephone number
Doctor's cell phone number
Emergency number
Practice's email address
Doctor's email address
Practice hours
Practice manager/receptionist's name
Admitting hospital/s: in order of volume of work

2: Account/remittance information

Do you make use of a billing bureau?
If yes, please specify name of billing bureau
Accounts/remittance email address

3: Practice information

Do you perform procedures in your rooms?
If yes, please list procedures and location of rooms
Do you consult in any sessional room/s?
If yes, please indicate at which hospital

4: Criteria to register

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

Yes

No

Are you in good standing with the HPCSA?

Yes

No

Do you have Professional Insurance Cover?

Yes

No

Do you disclose and obtain agreement from members on your treatment costs before consultations and treatments begin?

Yes

No

Are you or have you ever been under investigation for a complaint against you?

Yes

No

If yes, please specify:

If you are over the retirement age (65 years), what is the extent of your current clinical profile, eg no major vascular surgery, no emergency surgery, etc?

5: Provider's signature

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 return the completed form to [drnet@momentum.co.za](mailto:drnet@momentum.co.za).