momentum | TYB

Form to submit or change banking details for a medical practice

IMPORTANT: For convenient access to remittances and member validations you are kindly requested to register on our Provider Portal http://portal.momentumtyb.co.za

Please complete below medical practice details and submit to **providerbanking@momentumtyb.co.za**

Submit the following documents when changing medical practice's banking details:

- **Bank Confirmation Letter**: An original signed / stamped letter from the bank confirming the practice's bank details, or a 3-month bank statement. (Bank letter or statement should not be older than three months)
- **Provider Letterhead:** A signed letter by the owner or director on the letterhead of the provider confirming the banking details to be loaded.
- **Provider ID Copy:** Provide a copy of ID documents for all doctors in the practice, ID card please provide both sides of the ID.
- **CIPC documents:** If the practice name and the bank account holder name are different, please provide the Companies and Intellectual Property Commission documents that indicate the registration number of the company and directors.

The following additional documents are required for hospitals, pharmacies, radiologists, laboratories, hospices, rehabilitation centers, and similar entities:

- Above mentioned provider letter must be signed by at least two authorised bank account signatories.
- ID copies of the authorised signatories.

Section 1: Practice details

Practice Name

Practice Number

Telephone Number

Section 2: Bank account details

(Please do not provide credit card details. Momentum TYB is not allowed to use your credit card details for payments)

Name of account holder

Name of bank

Account number

Account type ☐ Current/Cheque ☐ Savings ☐ Transmission

Branch code

Section 3: Authorisation

- I/We hereby instruct and authorise **Momentum TYB** to credit amounts, which may be due to my/our practice into the above bank account.
- I/We understand that the credit transfers hereby authorised will be processed electronically and details of each credit will be printed on my/our remittance statement.
- This authority may be cancelled by me/us by giving 30 days written notice. I/We understand that **Momentum TYB** will not be held responsible if notification of change in banking details is not provided in the above specified time.
- The authorised person hereby confirms that all details supplied on this form are correct.
- The Scheme or Administrator will not accept liability for any payment made into the incorrect bank account.

Authorised Signature

Date 2 0 y y m m d d

Momentum TYB administer:

- Sisonke Health Medical Plan | Impala Medical Plan | ThebeMed Medical Aid Scheme
- Medimed Medical Scheme | Rhodes University Medical Scheme | Suremed Health
- Mining Industry Employer Healthcare Services