

Contact us

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

If your practice is not registered on our system, we cannot update or load the banking details. To register, please send us:

1. A copy of the Practice Code Numbering System (PCNS) form that the Board of Healthcare Funders (BHF) issued to the practice
2. Certified copies of the healthcare professionals' valid identity documents (not older than three months)
3. Please complete the Discovery Health Practice registration form

Email the documents to: provider_administration@discovery.co.za. The turnaround time for the registration process is two to three working days.

What you must do

- Fill in the form below.
 - The accountholder must sign the form.
 - Attach the following documents:
 - Copy of the ID, passport or valid driving licence of the requestor and authorised signatories (not older than 3 months).
 - Copy of a letter with an original stamp from the bank (on an official letterhead) showing the accountholder's name, account number, account type and branch code (not older than 3 months).
- OR
- Copy of a bank statement with an original bank stamp that confirms the accountholder's name, account number, account type and branch code (not older than 3 months).

Please note: This request to change your banking details applies to the payment of claims and enables us to accurately change banking details. It will take us up to three working days to update your banking details and we may contact you to validate this request. If you need us to pay into the new account, please do not submit claims until you have received a notification from us that we have changed the banking details for consistency. Claims will be paid from the date we verify and update the banking details, and not from the service date

How to complete this form

- Complete with black ink and print clearly.
- **To avoid administration delays, please make sure this form is completed in full.**
- Send the completed form and the above documents by email to: providerbankingdetails@discovery.co.za.

1. Provider details (please give us the details of the owner or Authorised Signatory of the practice)

Full name and surname	<input type="text"/>									
Identity or Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>									
Practice number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Registration number (mandatory)	<input type="text"/>	
VAT number	<input type="text"/>									

Please note that banking details cannot be updated without the company's registration number or ID number.

2. Previous banking details

Bank name	<input type="text"/>											
Branch name	<input type="text"/>						Brand code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Type of account	Cheque	<input type="checkbox"/>	Savings	<input type="checkbox"/>	
Account holder	<input type="text"/>											

3. New banking details

Is the account registered with a person's identity number (ID) or is it a company registration number?

ID number Company registration number

ID or passport number

Company registration number

Please note: We cannot accept credit card account details

Bank name

Branch name Branch code - -

Account number Type of account Cheque Savings

Account holder

The above details apply to: Premier Plus monthly fee Normal claims Both

Please make sure that you have captured the account details correctly. Your banking details will only be changed if all the details you have supplied on this form corresponds with the information on our system and the request has been signed by the practice owner or authorised signatory in section 1.

Contact person

Telephone (H) Telephone (W)

Cellphone

Email

Signed at (town or city) Date

Signature of authorised account holder

Signature of requestor

Disclaimer:

We will pay all money that is due to the healthcare provider using the banking details for consistency and we cannot be held liable for any loss due to incorrect banking details supplied.

4. Contact details for external company or bureau responsible for accounts (if applicable)

Name of company or bureau

Registration VAT number

Contact person

Telephone Cellphone

Email

Please note that we need a certified copy of the contact person's identity document (ID). **We can also not update the banking details without the company's registration number.**