Group Practice Information Form

Tel: 014 590 1700 | Postal Address: Private Bag X82081, Rustenburg, 0300

Please email this form to: suppliersrpm@platinumhealth.co.za

Platinum Health requires an update on Supplier Information to ensure correct communication, remittance advices and payments.

PLATINUM HEALTH

NB: If you are a Group Practice or part of a Group Practice, please complete the Group Practice Information in this section.
NB: PLEASE ATTACH COPIES OF THE FOLLOWING: CANCELLED CHEQUE, BHF/PCNS FORM, ID AND PRACTICE LETTERHEAD.

Group Practice Information Section:

13th Digit Practice Number:

Practice's Name:

Registered for VAT? YES NO

VAT Registration Number:

Banking Details:

Bank Name:

Branch Name:

Branch Code:

Account Number:

Postal Address:

Code:

Postal Address:

Code:

Accounts Contact Person:

Tel:

Fax:

Email:

NB: All Suppliers listed to above stated Group Practice Number, needs to be reported with effective join date.
Please complete the required information to ensure correctness.

13th Digit Practice Number	Practice's Name	Start Date	End Date

NB: All Suppliers which are listed above are required to supply individual General Supplier Information Forms.

Compiled by:

Date: C C Y Y M M D D

Practice Stamp

Registration with Platinum Health Medical Scheme does not guarantee Designated Service Provider approval. It is for PHMS database purposes.