Group Practice Information Form

Tel: 014 590 1700 | Fax: 086 760 1244 | 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.



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: BANK CONFIRMATION LETTER/BANK STATEMENT, BHF/PCNS FORM, ID AND PRACTICE LETTERHEAD/HPCSA Cert.

Group Practice Information Section:																
13th Digit Practice Number:																
Practice's Name:																
HPCSA Registration Number:																i
Registered for VAT?	YES	 S	N	0			<u>.</u>			:						
VAT Registration Number:				_												
	ii. Bank N									<u>.</u>						
Banking Details:																
		Branch Name:														
	Branch	Branch Code:														
	Accour	Account Number:														
Postal Address:													Coder			
													Code:			
Physical Address:													Code:	•••••		
	;															·····;
Accounts Contact Person:											•					
Tel:																
Fax:																
Email:																
NB: All Suppliers listed to a	above sta	ate	ed Grou	ip Pra	ictice l	Num	ber, ne	eeds t	o be	report	ted with effe	ective	oin date.			
13th Digit Practice Number		se complete the required information to ensure correctness. Practice's Name									Sta	rt Date		End Dat	e	
				••••••												
NB: All Suppliers which are	listed al	bo	ve are r	requir	ed to	supp	oly ind	ividua	l Gen	eral S	upplier Info	rmatic	n Forms.			
Compiled by:																

С	С	Υ	Υ	М	Μ	D	D



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