

### Purpose of the form

The purpose of this form is to provide web access to the health professionals information.

### Contact us

Tel: **0860 44 55 66**, PO Box 784262, Sandton 2146, [www.discovery.co.za](http://www.discovery.co.za)

Please include copies of the identity documents for the individuals who need access to the website.

Please email the completed form to [Provider\\_administration@discovery.co.za](mailto:Provider_administration@discovery.co.za)

**It is the responsibility of the practice / bureau to advise Discovery Health of any personnel that left the practice in order to delink the role(s)**

## 1. Practice manager details

**Practice management details** (to be completed for all satellite practices)

Practice number	<input type="text"/>	
	<b>User</b>	<b>User</b>
User Title	<input type="text"/>	<input type="text"/>
User Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
User ID Number	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
User Title	<input type="text"/>	<input type="text"/>
User Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
User ID Number	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

## 2. Practitioner details

**This form must be signed by the practice owner/practice manager already linked to Discovery HP Zone for the above practice.**

Full name of healthcare professional	<input type="text"/>	
Healthcare signature	<input type="text"/>	Date <input type="text"/>
Contact person if there are problems loading the chosen individuals on the web:		
Name	<input type="text"/>	
Contact number	<input type="text"/>	
Email address (for receipt of statements)	<input type="text"/>	