

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

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

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"/>	
	User	User
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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address (for receipt of statements)	<input type="text"/>						