

Nurse Practitioner capitation funding access

Please complete the below information and return to Libby Harper, Practice Development Programme Support
libby.harper@pinnacle.health.nz or post to PO Box 983, Hamilton 3240.

Practice name _____

Legal entity _____

Practitioner name _____

MCNZ number _____ HPI number _____

Email address for Pinnacle notifications _____

Applicant checklist (please tick):

- ☐ I am registered under the Health Practitioners Competence Assurance Act (HPCA) with the relevant authority under the Act
- ☐ I hold a current Annual Practising Certificate (APC) with the relevant authority
- ☐ I am working within my scope of practice as part of a general practice team
- ☐ I understand that I am employed at a general practice that enrolls patients for funding under the terms and conditions of the "Provider Agreement – First Level and Other Services" between above named legal entity and Pinnacle Incorporated.
- ☐ The accompanying 'Practitioner Payment Form' has been completed and signed.

Declaration, the above information is true and correct to the best of my knowledge.

Practitioner signature: _____ Date: _____

Business Owner/Practice Manager to complete

I confirm the above details and attached bank account details are correct

Name _____ Role _____

Signature _____ Date _____

Practitioner payment method

Confirmation of bank account details for any patient funding (i.e. capitation and/or service claims payment in relation to patients under this practitioner's care, in the practice named below).

Practitioner name _____

Practice name _____

Please check bank account details with your practice manager and **include copy of deposit slip OR** bank record with account name, bank name and account number.

Full account name:

[illegible]

Account number: (right-align all account numbers. e.g. record an 02 suffix as 002)

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Bank

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Branch

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Account

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Suffix

Practitioner signature: _____ Date: _____

Email remittance advices to: _____