

NURSE PRACTITIONER - capitation funding access:

Practice Name:	
Legal Entity (if different to above):	
Name of Practitioner:	
NCNZ Registration # :	HPI # :
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.

(Applicant Signature)

(Date)

Business Owner/Practice Manager to complete: (where Nurse Practitioner is not the business owner)

I confirm the above details and attached bank account details are correct:	
Name:	Role:
Signature:	Date:

Scan and email to Yazmin.Dorey@pinnacle.health.nz or fax: + 64 7 834 9242

