

## 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](mailto:Yazmin.Dorey@pinnacle.health.nz) or fax: + 64 7 834 9242

