

## Pinnacle Incorporated membership

## Change of circumstances forms

Please complete the below information and return to Samrithy Yean, Practice Support Administrator <u>sam.yean@pinnacle.health.nz</u> or post to PO Box 983, Hamilton 3240.

name
st name/s
CNZ number HPI number
nder 🗆 Male 🔲 Female 🔲 Gender diverse
B Ethnicity
etaining membership
Il you be working for another Pinnacle network practice and retaining membership? $\Box$ Yes $$ $$ No
ictice moving to
w email address
rting date FTE/Hours
e: 🗌 Owner/Director 🗌 Permanent employee 🔲 Contractor 🗌 Long-term locum
esigning membership
ase state the reason you wish to resign Pinnacle Incorporated membership
Ceasing work  Moving overseas  Changing to short-term locum  Moving to a non-Pinnacle practice
ner (please state)
ictitioner signature: Date:
ase check with the practice manager that all claims are submitted to Pinnacle Midlands Health Network within one

month of your final work day.

## Change of bank account details

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											
	account details with your practice manager and <b>include copy of deposit slip OR</b> bank record with nk name and account number. Please advise if this involves any changes to ownership so existing ts are updated.										
Full account nam	ie:										
Account number: (right-align all account numbers. e.g. record an 02 suffix as 002)											
Bank     Branch     Account     Suffix											
Please tick the fo	pllowing types of payments you wish this bank account to be used for:										
Capitation	Service/project claims Other (please state)										

## Alternative account

If needed, you can nominate an alternative account for different payment <u>types</u>. Please check details with your practice manager.

Copy of **deposit slip** OR bank record with account name, bank and account number please.

Full account name:

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

Bank Branch Account Suffix													
Please tick the following types of payments you wish this bank account to be used for:													
Capitation	Service/project claims	Other (please state)											
Practitioner signature: Date:													
-													