

Pinnacle Incorporated membership

Change of circumstances forms

Please complete the below information and return to Shannon Poupard-Rupapera, Practice Support Administrator shannon.poupard-rupapera@pinnacle.health.nz.

Surname:	-
First name:	_
MCNZ number: HPI Number:	_
Gender Male Female Gender diverse	
DOB: Ethnicity:	_
Retaining membership Will you be working for another Pinnacle network practice and retaining membership? Yes No	ı
Practice moving to:	_
New email address:	-
Role: Owner/Director Permanent employee Contractor Long-term locum	
Resigning membership	
Please 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
Other (please state):	
Describio and a signature.	

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).

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