

# 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](mailto: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

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): \_\_\_\_\_

Practitioner signature: \_\_\_\_\_ Date: \_\_\_\_\_

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).

Practice name:

Email remittance advices to:

Full account name:

[illegible][illegible]

Please tick the following types of payments you wish this bank account to be used for:

Capitation	Service/project claims	Other (please state)

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

Full account name:

[illegible][illegible]

Please tick the following types of payments you wish this bank account to be used for:

Capitation	Service/project claims	Other (please state)

