

## Nurse Practitioner capitation funding access

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

Practice name	
Legal entity	
Practitioner name	
MCNZ number	HPI number
Email address for Pinnacle notifications	
Applicant checklist (please tick):	
I am registered under the Health authority under the Act	Practitioners Competence Assurance Act (HPCA) with the relevant
☐ I hold a current Annual Practising	g Certificate (APC) with the relevant authority
☐ I am working within my scope of	practice as part of a general practice team
	I at a general practice that enrols patients for funding under the terms Agreement – First Level and Other Services" between above named legal I.
☐ The accompanying 'Practitioner	Payment Form' has been completed and signed.
<b>Declaration,</b> the above information is tru	ue and correct to the best of my knowledge.
Practitioner signature:	Date:
Business Owner/Practice Manag	ger to complete
I confirm the above details and attached	bank account details are correct
Name	Role
Signature	Date

## Practitioner payment method

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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