PLATINUM HEALTH

Private Bag x 82081, Rustenburg, 0300 • Tel: 014 590 1700 | 080 000 6942 • A/H Emergency 082 800 8727 • Email: plathealth@platinumhealth.co.za

Application to be a Designated Service Provider for Platinum Health

Purpose of the form:

Application for an individual, group practice or Incorporated practice and all other healthcare professionals to apply to be a designated service provider for Platinum Health Medical scheme members and their dependants.

Please complete this form in full and email the completed form with the relevant supporting documents to **plathealth@platinumhealth.co.za** or **suppliersrpm@platinumhealth.co.za**

Supporting documents together with you application for an individual practice.

Supporting Documents	Tick if included with your application
Copy of your ID	
Copy of your HPCSA registration	
Copy of your PCNS registration	
Vat registration document (if applicable)	
Dispensing licence (if the practice dispenses medicine)	
Details of any special services the practice offers, such as rehabilitation and, dialysis as well as copies of the relevant certification documents.	
Copy of any qualifications or registrations to confirm competence in special services the practice offers.	
Letterhead	
Bank confirmation letter	

Supporting documents together with you application for a group practice or incorporated practice.

Supporting Documents	Tick if included with your application
South African ID or passport of all practitioners linked to the group practice	
Copy of HPCSA registration	
Copy of you PCNS registration of the group practice	
Vat registration document(if applicable)	
Dispensing licence (if the practice dispenses medicine)	
Letterhead signed by the signatory confirming all the healthcare professionals linked to the group practice	
Company registration document: Letterhead confirming the details of the owner of the practice and a certified copy of their South African ID.	
Details of any special services the practice offers, such as rehabilitation and, dialysis as well as copies of the relevant certification documents.	
Copy of any qualifications or registrations to confirm competence in special services the practice offers.	
Bank confirmation letter	

Practice Information:

Individual practice		Group Practice		Incorporated practice	

Practice name:

Practice nr:

Provider ID number:

Providers contact number:

Providers email address:

Provide a list of hospitals that you do have admission/treatment rights:

Individual practice numbers associated with group or partnership practice:

BHF Personal practice number	ID number	Vat registration number

Practice Detail:

Physical address:

Practice contact number:

Practice e-mail address:

Bureau name:

Bureau contact number:

Bureau email address:

Satellite practices:

Adress of first satellite practice:

Contact number:

Email address:

Adress of second satellite practice:

Contact number:

Email address:

By completing this application form, you as the signatory acknowledge and agree that:

- Your engagement with members and the Scheme is regulated by The Medical Schemes Act; Applicable Scheme rules and all ethical guidelines (such as the HPCSA ethical booklet)
- To treat all Platinum Health members fair, with dignity and respect, and to put their interests first.
- Your Professional registration and conduct requirements including, if applicable, any societal guidelines the Scheme are duly approved or adopted.
- You provide services that are generally accepted to be clinically appropriate, medically necessary, and cost-effective. You also agree to carry the services out according to best practice.
- Your practice will submit claims only for services you actually rendered to the Scheme.
- Your practice will use appropriate codes and Scheme tariffs (including with any other practitioner or member) and not submit false, fraudulent or inflated claims.
- You will create and keep records (both clinical and financial or billing-related) according to all statutory and regulatory requirements, and these records will be accurate, complete and legitimate.
- This arrangement includes all patient and treatment records, stock purchase invoices, proof of equipment and consumables, appointment registers and any other information a medical scheme may view necessary to verify and confirm services to pay claims.
- The Scheme does have the authority (as envisaged in the National Health Act, Protection of Personal Information Act and the Promotion to Access of Information Act and/or specific consent from members) to get the information and record from you or your practice.
- The practice number Board of Healthcare Funders (BHF) allocated to you or your practice is a unique identifier that allows the medical scheme to determine who is providing services to its members. This practice number includes all the practice sites linked to your practice. You understand that you must submit claims for services at any of your practice sites only through the practice number allocated to your practice.
- This agreement shall become effective in relation to the parties on the day a formal contract is signed and shall remain in force indefinitely subject to the provisions below.
- The parties to this agreement agree that any of the parties may terminate this agreement at any time with 30 (thirty) days written and signed notice to the other parties, failing which this agreement will continue in force indefinitely, but with the following provisos:
  a) That the provider's participation in the agreement may be summarily terminated if in the discretion of Platinum Health, makes it impossible for the provider to provide unfettered services to the beneficiaries of the aforementioned benefit options.
  b) That this agreement may be terminated/suspended with immediate effect by Platinum Health if:
    - The provider is convicted of any crime; or
    - The provider is found guilty by the HPCSA and/or paid an admission of guilt fine to the HPCSA in relation to irregularities with billing or accounts rendered to Platinum Health or its beneficiaries; or
    - An investigation was concluded by the Platinum Health forensic auditors and prima facie evidence of a white collar crime was obtained; or
    - The Provider abuses coding (including but not limited to up-coding and unbundling and optimisation).
- By completing this form, you acknowledge that the information supplied is true and correct.

Signed at _____ on this _____ day of _____ 20 _____

Signature: