

Application to join a MMI Health GP network/s



MMI HOLDINGS
| HEALTH

Please select/tick which GP network/s the application is for

1. **Momentum CareCross GP Network**
 3. **Golden Arrow GP Network** 2. **Fishmed GP Network**
 4. **MMI Health GP Network (for BPMAS; Imperial Group; Transmed & ENGEN DSP)**

Do you understand and support the commitment to cost effective treatment choices where appropriate?		Y / N	
Main Provider Information			
Practice name:		Main doctors name:	
Individual Practice number:		HPCSA number:	
Doctor ID number:		Male / Female:	
Group practice nr:		Indemnity Insurance nr:	
Partners/Associates/Permanent Locums - only if wanting to be contracted or practicing under main practice number			
Full name :	Practice or HPCSA Nr :	Male / Female :	ID number :
Main Practice details			
Physical Address:		Postal Code:	
Postal Address :		Postal Code:	
Practice Tel number :		Fax number :	
Doctor Cell phone number :		Preferred Method for Correspondence:	
Doctor Email Address :		Practice Email Address :	
Practice hours Mon – Fri :		Accounts Email Address :	
Practice hours Sat :		Practice Manager/Receptionist Name:	
PRACTICE INFORMATION			
	Y / N		Y / N
Do you have a dispensary?		Do you make use of a bureau?	
Do you have a computer in the consulting rooms?		Do you make use of locums from time to time?	
Do you have a computer at reception?		Do you work in an emergency facility?	
Do you work on an appointment or walk-in basis? Please Specify:			
Please indicate if you have the equipment and/or perform the procedures listed below at the above practice			
	Y / N		Y / N
Sonar machine		Circumcisions - Clamp method	
Lung function machine		Circumcisions - surgical or other	
Peak flow meter		Limb casts with Plaster of Paris	
ECG machine		X-ray machine in practice	
Treadmill / Bike : if yes, please encircle which			
Satellite Practice		Yes / No	
1. Address & telephone number of 1st satellite practice :			
2. Address & telephone number of 2nd satellite practice :			

Signature _____ Date _____

Please return completed form to network@mmiholdings.co.za or fax to 021-6731820.

Please Note: Your application will be reviewed and feedback will be provided within 7 days, if successful, the relevant contract will be sent to you for your perusal and signature.