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/NCNZ 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

If yes:

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:

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).

Practitioner name: _____

Practice name: _____

Practitioner signature: _____ **Date:** _____

Email remittance advices to: _____

Please check bank account details with your practice manager and **include copy of deposit slip OR** bank record with account name, bank name and account number.

Full account name:

Account number: (right-align all account numbers. e.g. record an 02 suffix as 002)

Bank Branch Account Suffix

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

Capitation	Service/project claims	Other (please state)

Alternative account

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

Copy of **deposit slip** OR bank record with account name, bank and account number please.

Full account name:

Account number: (right-align all account numbers. e.g. record an 02 suffix as 002)

Bank Branch Account Suffix

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

Capitation	Service/project claims	Other (please state)