

## Pinnacle Incorporated membership

## Change of circumstances forms

Please complete the below information and return to Libby Harper, Practice Support Administrator <a href="mailto:libby.harper@pinnacle.health.nz">libby.harper@pinnacle.health.nz</a>.

Surname	
First name/s	
MCNZ number	HPI number
Gender ☐ Male ☐ Fema	ale   Gender diverse
DOB	Ethnicity
Retaining membership Will you be working for another Pinnacl	le network practice and retaining membership? $\Box$ Yes $\Box$ No
Practice moving to	
New email address	
Starting date	FTE/Hours
Role: ☐ Owner/Director ☐ Permane	ent employee  Contractor  Long-term locum
Resigning membership	
Please state the reason you wish to resi	ign Pinnacle Incorporated membership
$\square$ Ceasing work $\square$ Moving overseas	$\square$ Changing to short-term locum $\square$ Moving to a non-Pinnacle practice
Other (please state)	
Practitioner signature:	Date:
	at all claims are submitted to Pinnacle Midlands Health Network within one
month of your final work day.	

## 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 nar	ne												 			
Practice name																
Please check ban account name, ba service agreemen	nk name and	account num	•						-		-	-				
Full account name:																
Account number: (right-align all account numbers. e.g. record an 02 suffix as 002)																
Bank Branch	Ac	count				Suffix										
Please tick the f			nts vo	u wis			k ad	count	to	be i	used 1	for:				
Capitation	Service/pro					ase sta										
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:													th			
Account numbe	r: (right-align	all accoun	t numb	ers.	e.g.	record	d an	02 su	ffix	as (	002)			1	<u> </u>	
				<u> </u>	]						,					
Bank Branch	Ac	count				Suffix										
Please tick the following types of payments you wish this bank account to be used for:																
Capitation Service/project claims Other (please state)																
Practitioner signature: Date:																
Email remittance advices to:																