

Nurse Practitioner capitation funding access

Please complete the below information and return to Libby Harper, Practice Support Administrator
libby.harper@pinnacle.health.nz.

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 Practitioners Competence Assurance Act (HPCA) with the relevant authority under the Act
- I hold a current Annual Practising Certificate (APC) with the relevant authority
- I am working within my scope of practice as part of a general practice team
- I understand that I am employed at a general practice that enrolls patients for funding under the terms and conditions of the "Provider Agreement – First Level and Other Services" between above named legal entity and Pinnacle Incorporated.
- The accompanying 'Practitioner Payment Form' has been completed and signed.

Declaration, the above information is true and correct to the best of my knowledge.

Practitioner signature: _____ Date: _____

Business Owner/Practice Manager to complete

I confirm the above details and attached bank account details are correct

Name _____ Role _____

Signature _____ Date _____

