



MEDSHIELD

medical scheme

Dear Providers,

Thank you for your interest in joining the Medshield GP Network.

We are pleased to inform you that we have now started accepting electronic contracts through a web portal called SigniFlow.

To initiate the SigniFlow process, we require the following details from you:

1. Doctor's full name as per ID
2. Doctor's email address (for the registration link)
3. Doctor's cell phone number (for the OTP)

Please send all the details to nc@medshield.co.za

Please provide us with the above details at your earliest convenience so that we can proceed with the electronic contracting process.

Thank you and looking forward to your response.

Best regards,

[Your Name]