momentum

health solutions

Application to join the Momentum Health Solutions GP network/s

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

- [ ] Momentum CareCross GP Network: Horizon Hospital Plus Network Plan; Medimed Medisave Option; Momentum Medical Scheme Ingwe Option; Moto Health Care Custom and Essential Options; Pick n Pay Primary Option; Sisonke Health Diversity and Pride Options; Wooltru Network Option; Momentum Health4Me
- [ ] Momentum Health Solutions Traditional GP Network: BP Medical Aid Society
- [ ] Imperial Motus Medical Scheme GP Network

Do you understand and support the commitment to cost-effective treatment choices where appropriate? Yes [ ] No [ ]

1: Main provider's information

Practice name

Main doctor's name

HPCSA registration number

Individual practice number

Affiliated practice number

Doctor's ID number

Gender Male [ ] Female [ ]

Group practice number

Indemnity insurance number

2: Partners, associates and permanent locums' information

Please only complete this information if they are contracting to Momentum Health Solutions with the main provider.

Full name

Practice number

ID number

Gender Male [ ] Female [ ]

Full name

Practice number

ID number

Gender Male [ ] Female [ ]

Full name

Practice number

ID number

Gender Male [ ] Female [ ]

3: Main practice's details

Physical address

Suburb

Town

Province

Postal code

Postal address

Postal code

Practice telephone number

Doctor's email address

Practice's email address

Accounts' email address

Practice hours Mon – Fri : – : Sat : – :

Practice manager/receptionist's name

4: Practice information

	Yes	No
Do you have a dispensary?	Yes	No
Do you have a computer in the consulting rooms?	Yes	No
Do you have a computer at reception?	Yes	No
Do you make use of a bureau?	Yes	No
Do you make use of locums from time to time?	Yes	No
Do you work in an emergency facility?	Yes	No

Do you work on an appointment or walk-in basis? Please specify:

	Yes	No
Are you or have you ever been under investigation for a complaint against you?	Yes	No

If yes, please specify:

5: Equipment and procedures information

Please indicate if you have the equipment to perform the procedures listed below at the practice:

	Yes	No		Yes	No
Sonar machine	Yes	No	Circumcisions - clamp method	Yes	No
Lung function machine	Yes	No	Circumcisions - surgical or other	Yes	No
Peak flow meter	Yes	No	Limb casts with plaster of Paris	Yes	No
ECG machine	Yes	No	X-ray machine in practice	Yes	No
Treadmill	Yes	No	Bike	Yes	No

6: Satellite practices

Do you have any satellite practices? If yes, please complete the information below. Yes No

Address of satellite practice

Postal code

Satellite practice telephone number

Address of satellite practice

Postal code

Satellite practice telephone number

7: Main provider's signature

Signature **Date** D D M M Y Y Y Y

Please email the completed form to **network@momentum.co.za** or fax it to 021 673 1820.

Please note: Your application will be reviewed and feedback will be provided within 7 to 14 days. If successful, the relevant contract will be sent to you for your perusal.

General eligibilty criteria:

- BHF registered provider
- HPCSA – active; no current investigations/judgements
- Provider not on indirect or suspended payment with any medical scheme

Momentum Carecross Network specific eligibility criteria:

- Provider-to-member ratio
- Limited to area where members work and live
- Ingwe Active Network – close proximity to educational institutions