

Contact us

Tel: 0860 44 55 66, PO Box 784262, Sandton 2146, www.discovery.co.za

Please include copies of the identity documents for the individuals who need access to the website.

Please email the completed form to practice_updates@discovery.co.za

1. Practice manager details

Practice management details (to be completed for all satellite practices)

Practice number

	Practice Contact 1	Practice Contact 2
Practice manager title	Title	Title
Practice manager name	Name	Name
Surname		
Practice manager ID number	<input type="text"/>	<input type="text"/>
Cell number	<input type="text"/>	<input type="text"/>
Email address		
Receptionist name (title)	Name	Name
Surname		
Receptionist ID number	<input type="text"/>	<input type="text"/>
Cell number	<input type="text"/>	<input type="text"/>
Email address		

2. Bureau services

Do you make use of a bureau service Yes No

Bureau name

Bureau contact name

Bureau contact ID number

Bureau telephone number

Bureau email address

3. Practitioner details

This form must be signed by the practice owner/practice manager already linked to Discovery HP Zone for the above practice.

Full name of healthcare

Healthcare signature Date

Contact person if there are problems loading the chosen individuals on the web:

Name Contact number

Email address (for receipt of statements)