HEALTHCARE ADMINISTRATORS

Request to change banking details for healthcare professionals

Important notes:

- Complete this form to submit or change a healthcare professionals banking details for the payment of claims.
- Attach the following documents
  - ✓ Certified copy of ID for all doctors in the practice.
  - ✓ Original or certified copy of original letter with original stamp from the bank (on an official letterhead) indicating the account holder's name, account number, account type and branch code which is not older than 3 months old OR original certified copy of original bank statement with original bank stamp that confirms the account holders name, account number, account type and branch code which is not older than 3 months old.
- Confirmation of BHF registration
- If the practice name and the bank account holder name are different, please provide a Trading As Letter and CIPC documents that indicate the registration number of the company.
- If the practice has appointed an administrator, provide confirmation of the appointment on the practice letterhead together with CIPC documents of the administrator.
- Email the complete form together with the documentation to providerbankdetails@ppsha.co.za

Please note: It will take us up to seven working days to update your new bank account details. If payment needs to be made to the new account, please do not submit claims until you received notification from us that we have changed the bank account details.

1. Practice details

Practice name	
Practise number	
Email address	
Telephone number	

2. Previous account details

Name of account holder						
Name of bank						
Account number						
Account type	Current / Cheque		Savings		Transmission	
Branch code		Branch name				

3. New bank account details

Please note that we cannot accept credit card details.

Name of account holder						
Name of bank						
Account number						
Account type	Current / Cheque		Savings		Transmission	
Branch code		Branch name				

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Please indicate if the above bank account details should be used for all schemes administrated by PPS Healthcare Administrators or specific schemes only.

Specific scheme/s (Choose from list below)		All Schemes	

KeyHealth	
Profmed	
Regular Force Medical Continuation Fund	

4. Authorisation

- I/We hereby instruct and authorise PPS Healthcare Administrators to credit amounts, which may be due to my/our practice into the above bank account.
- I/We understand that the credit transfers hereby authorised will be processed electronically and details of each credit will be printed on my/our statement.
- I/We also hereby give PPS Healthcare Administrators permission to change or load banking details as per the request above. I/We also confirm that the information supplied is correct.

Signature of account holder / authorised signature		**Date**	D	D	M	M	Y	Y	Y	Y

Disclaimer:
PPS Healthcare Administrators will make all payments due to the healthcare provider using the banking information supplied and cannot be held liable for any loss due to incorrect banking details supplied.

Privacy Statement:
We process your personal information in accordance with the provisions of our Privacy Statement. Please read our Privacy Statement by going to https://ppsha.co.za. If you believe we have acted contrary to these provisions, please contact us at popia@ppsha.co.za