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; Pick n Pay Primary Option; Sisonke Health Diversity and Pride Options; Wooltru Network Option; Momentum Health4Me
- ☐ Momentum Health Solutions GP Network for 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/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 | Fax 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

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:		
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:

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		

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

Please return 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
- Indirect Payment

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