

Tēnā koe

Thank you for your request for a payee number application form.

Please complete this application form and return along with supporting documents to:

Email: adminsUPPORT@health.govt.nz *or*

Post: Primary Care Team
Sector Operations
Te Whatu Ora - Health New Zealand
Private Bag 1942
Dunedin 9054

Please ensure all details are provided to avoid delays when processing your application. You will be notified when your application has been processed.

For further information, please contact us at:

Phone 0800 855 066 *or*

Email: adminsUPPORT@health.govt.nz

Ngā mihi,

nā

Contract Support
Sector Operations

Reason for Application

Please indicate below why you require a new payee number

Provider Details

Legal entity name/Provider name

(The name of the company or individual who will claim under the payee number)

New Zealand business number

Trading as *(If different from above)*

Type of provider

(GP, Midwife, GP Practice, etc)

Date claiming to commence

Geographical Region

Name of Primary Health Organisation

Agreement Details

Existing payee number

Existing agreement number

Contact Details

Business address

(Physical address)

Postal address

(If different from above)

Primary phone number

Alternate phone number

Email address

Practice contact

Name

Email *(If different from above)*

Practising Certificates

A copy of the current Annual Practising Certificate **MUST** be provided for **ALL** practitioners who will claim under the payee number.

Payee Details

New payee number required **or** Existing payee number

Bank account details. Please provide one of the following to confirm and verify your bank account:

- Screenshot of your internet/phone banking** please remove any personal financial information
- Bank statement** please remove any personal financial information
- Bank letter** from the bank which must be signed and on letterhead
- A pre-printed bank deposit slip**
- Handwritten bank account** which must be signed and stamped by the bank

All verification must be generated by the bank and include the bank logo, full bank account number and the bank account holder's name.

GST Details

Are you GST registered? No Yes GST number

GST registered name

Checklist

- I have enclosed a copy of the current Annual Practising Certificates of all practitioners who will claim under this payee number
- I have enclosed verification of the Bank Account Details

Declaration

I hereby certify, to the best of my knowledge, the above information is true and correct, and I am authorised to make this declaration on behalf of the legal entity named above.

Print Name

Signature

Date signed

Please complete the section below if you are making this declaration on behalf of the organisation:

Name

On behalf of