

Banking Details Verification Form

Service Providers are requested to complete and submit this form via email to pcns_admin@bhfglobal.com

We would like to bring to your attention that it is an obligation of medical scheme administrators to verify healthcare providers' banking details. However, since the banking details of providers of service form part of the data set contained within the PCN system, BHF will continue updating this information disseminating them to medical schemes. Providers of service are therefore advised to contact medical schemes with which they do business in order to verify their banking details. Please ensure that the form is endorsed by the relevant bank by obtaining a bank stamp on the bottom left-hand corner or an original letter from the bank confirming banking details.

To: BHF Client Services

I/ We declare that the details on this Banking Verification Form are correct and may be used by the medical schemes and their administrators for reimbursement of claims.

I/ We authorise medical schemes and their administrators to pay any amounts which accrue to me / us to the credit of my / our account into the below mentioned bank account.

Please ensure that the form is completed with the correct information and endorsed by the relevant bank by obtaining a bank stamp in the space provided below. Please indicate whether the banking details are registered under an ID Number or a Company Registration number. Where the banking details are registered under the ID/Company Registration number of a 3rd party please submit a certified copy of the account owners ID or a Copy of the Company Registration documents.

Practice Number	<input style="width: 100%;" type="text"/>		
Bank Name	<input style="width: 100%;" type="text"/>		
Branch Name	<input style="width: 100%;" type="text"/>		
Account Name (not account type)	<input style="width: 100%;" type="text"/>		
Account Number	<input style="width: 100%;" type="text"/>		
Account Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
Account Registration Type	<input type="checkbox"/> ID Number(s)	<input type="checkbox"/> Company Registration	<i>Enter ID/Company Registration Number(s)</i>
_____		_____	
Authorised Account Holders Initials and Surname/s		Authorised Account Holders Signature/s	
Bank account particulars certified as correct		_____	_____
YES	NO		
BANK STAMP			

Lower Ground Floor, South Tower
1Sixty Jan Smuts, Rosebank, 2196




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DIRECTORS NJ Khauoe (Chairperson) • HL Nhlapo (Deputy Chairperson) • JK Mothudi (Managing Director) • MR Bayley • LR Callakoppen • ME Dlamini (eSwatini) • JH Joubert • TB Makoetlane (Lesotho) • S Martinus • AK Mia Hamdulay • CM Mokgosana (Botswana) • BOS Moloabi • N Nyathi • C Raftopoulos • SN Sanyanga • HC Schäfer (Namibia) • H. Stephens • MC Wilson



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