PROFNET
YOUR HEALTHCARE PARTNER

ProfNet Membership Application 2020

This agreement serves to clarify the nature and extent of co-operation between ProfNet Medical (Pty) Ltd and

Name _____

Practice name_____

Discipline _____

This member application form serves as a membership agreement only.

I, the undersigned Healthcare Professional, undertake to complete the required questionnaires, and to assist ProfNet Medical with healthcare support information and data monitoring procedures as established by ProfNet Medical.

I hereby give ProfNet authority to identify and gather all necessary information that has been generated by my practice from the following organisations to be made available to ProfNet in order to assist on a national healthcare data portal - MediKredit (Pty) Ltd, Medscheme Holdings (Pty) Ltd, HealthBridge, MediSwitch, Mediscor, private hospital networks or any other healthcare organisations in possession of my practice data.

ProfNet operates in compliance with the POPI Act and undertake not to disclose any part of my practice information to any individual / healthcare group / third party, without my written consent.

I hereby give ProfNet consent to advise, assist, support and communicate on any current or future third-party arrangements that I may independently enter, and where appropriate, to offer administrative support and to liaise on compliance policies on my behalf.

Where appropriate, and in agreement between ProfNet and myself, I hereby give consent to commercialise my product utilisation data with the healthcare industry.

Options for Medical Indemnity Insurance have been negotiated and made available for ProfNet members by CFP Brokers cc (FSP No. FSP 42892) through ITOO Special Risks (Pty) Ltd (FSP No. 47230) and is underwritten by The Hollard Insurance Company Ltd (this may be expanded or changed in future to other similar service providers should similar or improved coverage be negotiated). Currently, CFP, ITOO and Hollard are authorized Financial Service Providers providing this services. CFP Brokers (or future Financial Service Providers) are responsible for the issuing of policies and collection of premiums, in addition to managing of claims and annual renewals.

All policy documentation, disclosure and explanatory documentation are available on the Financial Service Providers website. Copies of these documents, provided by CFP Brokers (or future Financial Service Providers will be) are available on our website: www.profnetmedical.co.za.

Directors: D Bührs • RL Olver

Please note that ProfNet Medical is not a Registered Financial Services Provider, we do not provide advice or intermediary services for short term insurance solutions.

This document also authorizes ProfNet to communicate with me via electronic media (sms and e-mail) where appropriate. One calendar months' notice period on subscription changes and contract termination is required.

Signed at _____ on _____2020

_____ _____ _____

Member: Signature Member: Tel. number Email address

PRACTICE & PERSONAL INFORMATION				
Practice name As you would like it to appear on official documents				
Practice number (BHF no.)				
Email address This will be your username when logging in, as well as where you will receive your confirmation email.				
Contact numbers: Please complete this field with your cell phone number as well as your practice telephone number				
Title & Initials				
Name & Surname				
Identity no	SA ID / Passport			
Discipline				
Regulatory council number HPCSA, AHPCSA, SANC, SACSSP, SADTC etc.				
Practice address	Building/Unit:			
	Complex/Estate:			
	Street address:			
	Suburb:			
	City/Town:		Postal Code:	

Postal address	
VAT number (if applicable)	

PRACTICE ADMINISTRATION

Receptionist/Administrator Name		
Admin Contact details Contact Number & Email Address		
Which practice billing software do you use?		
Do you submit your claims by EDI or paper?	☐ EDI ☐ Paper ☐ Both	
Which electronic switching software do you use?		

CREDIT CARD (POS) MACHINE

ONLY AVAILABLE TO PROFNET PLAN 3 MEMBERS

Kindly note: *ProfNet merely act as a referral channel between our members and the relevant merchant. The relevant bank will contact the member directly. While ProfNet will attempt to expediate the process for the member, the contract remains between the member and the relevant merchant. Therefore, the member will still be required to sign an agreement with the bank and follow the relevant bank's processes. All appointments and installations are managed by the relevant bank.*

Does your practice have a credit card machine (POS)?	☐ Yes	☐ No
If Yes, would you like to apply for the ProfNet negotiated rates and rental with your relevant bank?	☐ Yes	☐ No
If Yes: Current merchant number:	Please indicate your current bank: ☐ ABSA ☐ Standard bank ☐ FNB ☐ Nedbank _____	
If No, would you like to apply for a POS machine?	☐ Yes	☐ No
If Yes, indicate which bank you would like to apply with.	☐ ABSA ☐ Standard bank ☐ FNB ☐ Nedbank	

_____ Signature

_____ Full name

_____ Date

Kindly complete the details on page 4 only if you would like to receive more information about medical malpractice insurance.

MEDICAL MALPRACTICE INSURANCE	
Do you currently have medical malpractice insurance in place?	☐ Yes ☐ No
If Yes: 1) who is your current insurer?	
2) what is your current period of insurance?	
3) what is your current limit of cover?	
4) what is your retroactive cover date?	
5) what is your current annual premium?	
Our members may qualify for exclusive malpractice insurance rates and cover. Would you like to receive more information about this medical malpractice insurance from CFP Insurance Brokers?	☐ Yes ☐ No
Please provide either your telephone/cell phone number and e-mail address for CFP Brokers to contact you.	

_____ _____ _____

Signature Full name Date

Contact us:

Tel: 012 683 0379
Email : info@profnetmedical.co.za
Website: www.profnetmedical.co.za

PROFNET MEMBERSHIP DEBIT ORDER AUTHORISATION FORM 2020

Initials & Surname		
First name		
Practice name		
Practice number (BHF / PCNS no)		
Contact person		
Telephone number and E-mail address		

All pricing is inclusive of 15% VAT and are subject to change.

ProfNet Membership (Monthly Fee)	**Plan 1**	**Plan 2**	**Plan 3**
	☐ Free	☐ R255.00	☐ R515.00

EZMED OPTIONS (MONTHLY FEE)

	Silver *(on Plan 1)*	**Gold** *(On Plan 2)*	**Platinum** *(On Plan 3)*
EZMed Practice Management Application (PMA) *Includes 1 practice with 1 clinician.* *Additional clinicians @ R200.00 each per month*	☐ R850.00	☐ R645.00	☐ R535.00

EZMed SMS Value-added Short Message Services *Please refer to the additional contract to sign-up of this additional value-added service.*	☐ R 0.42 per local SMS of 160 characters. R 3.05 per International SMS of160 characters.
EZMed Medici Value-added Telehealth Service *Please refer to the additional contract to sign-up of this additional value-added service.*	☐ R 450.00 per month
EZMed EDI EDI is an additional functionality to the EZMed system and includes 50 switches per month. *EDI Base cost – R 200.00 per month*	☐ R200.00/month – includes 50 switches R 5.00 per switch exceeding 50/month R 2.00 per EZCheck

- The switching fee will be charged on all successful claims, including those successful claims that are reversed by the practice
- It is the practices responsibility to register their practice number against which they are claiming with the BHF, and ensure that all medical schemes have the practice details registered with them as required, to ensure that payment is made into the relevant practice bank account.
- Should the funder not accept EDI claims, it is the practices responsibility to print paper claims and submit those claims manually to the relevant medical aids.

EDI EFFECTIVE DATE: _____

INITIAL:_____

PLEASE TURN OVER

PROFNET MEDICAL - DEBIT ORDER INSTRUCTION

BANKING DETAILS

Bank:		Account type:	
Account no:		VAT no:	
Debit Order Activation date:		***Total per month:**	

**Applies to Membership and License fees only. Monthly additional chargeable amounts are not included.*

Abbreviated name as registered with the bank: ProfNet

I/We hereby instruct and authorize ProfNet Medical (Pty) Limited to debit the abovementioned bank account, in relation to the amount of the service plan option above, on the first (1st) day of every month, from the stipulated date, and continuing until terminated by me/us in writing. All such withdrawals from my bank account, by ProfNet Medical, shall be treated as though been signed by me/us personally.

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African banks and I/We also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I/We agree to pay bank charges relating to this debit order.

The authority may be cancelled by me/us, by giving one calendar months' notice in writing. Cancellation of this debit order instruction will not necessarily imply that the agreement between me/us and ProfNet Medical is also automatically cancelled. The agreement between me/us and ProfNet Medical is governed by a separate agreement, I/We further understand that I/We shall not be entitled to any refund of amounts which have been withdrawn, while this authority was in force, if such amounts were legally owing to you. Receipt of this instruction shall be regarded as receipt thereof by my/our bank.

I/We acknowledge that this authority may be ceded or assigned to a third party if the agreement between me/us and ProfNet Medical is also ceded or assigned to that third party, but in the absence of such assignment of the agreement between me/us and ProfNet Medical, this authority and mandate cannot be assigned to any third party.

PLEASE EMAIL THE COMPLETED FORM TO: INFO@PROFNETMEDICAL.CO.ZA IN ORDER TO GET ACCESS

Signed: _____ Date: _____