Fax to +64 9 309 6902

Powered by: konnect

SureMed Registration

Please complete the following details so we can get you set up. Konnect SureMed is free for GPs.

Practice details

Practice name:			
HealthLink EDI address:		GST No:	
PHO:			
Physical address:		Postal address *(if different)*:	
Suburb:		Suburb:	
City:	Postcode:	City:	Postcode:
Practice contact – Job title:			
Title:	First name:	Surname:	
Telephone: ( )		Fax: ( )	
Email:			

Receiving SureMed payments electronically

- Please complete the following bank account details so we can process and credit your SureMed Service Fee payments. (Note payments cannot be made to credit cards, loan, or mortgage accounts.)
- The bank account details you nominate below will be stored and used by Konnect Net Ltd for all current and future SureMed Service Fees payable to you.
- If you change your account details, please instruct Konnect in writing five (5) business days prior to the date on which you want to make the change effective.

Account name:		Bank address:	
Bank name:		Suburb:	
Branch:		City:	Postcode:

Account number: Bank | Branch | Account | Suffix

Details to appear on your statement: KONNECT SUREMED (Particulars) | (Code) | (Reference)

About your privacy

- The information provided by you on this form will be used by Konnect to register your nominated bank account details for the purpose of making SureMed Service Fee payments to you electronically.
- Your bank account details will be disclosed to the relevant financial institutions to facilitate payment(s) or may be disclosed as authorised by law.

Completed forms

- We can only process completed registration forms, so please ensure that you complete all sections, including signing and dating the 'Practice acknowledgement' below.
- By signing this form, you have authorised Konnect to make all SureMed Service Fee payments into your nominated bank account.

For Admin use only: OPERATIONS ☐ SYSTEM ☐ ACCOUNTS ☐ QUALITY ☐

Practice acknowledgement

I acknowledge that:

- Payment(s) related to my provider number for the location where I practice as identified on this form, will be paid to the bank account details nominated
- Konnect Net Ltd may contact me to confirm these details for security or clarification purposes.

Authorised name:	Signed:	Date: /	/ 20
Authorised name:	Signed:	Date: /	/ 20

Please return completed form to: Konnect Net Ltd, PO Box 8933, Symonds Street, Auckland 1023.
Fax +64 9 309 6902. Email support@konnect.co.nz. For assistance, please contact us on 0800 KONNECT

Fax to +64 9 309 6902

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SureMed Registration

Please provide us with information on the Doctors associated with your Practice. Providing us with Medical Council Numbers assists us to ensure that we have the correct Doctor associated to the Practice in our SureMed database.

Practitioner details

First Name	Surname	Medical Council No.	GST No. *(if different from Practice GST/Bank Account)*	Bank Account No.

Please return completed form to: Konnect Net Ltd, PO Box 8933, Symonds Street, Auckland 1023.
Fax +64 9 309 6902. Email support@konnect.co.nz. For assistance, please contact us on 0800 KONNECT