21 Dolerite Crescent, Aerorand, Middelburg, 1055.
P.O. Box 90346, Garsfontein, 0042. Tel: 0860 002 101
Email: service@alliancemidmed.co.za
Website: www.alliancemidmed.co.za

ALLIANCE-MIDMED MEDICAL SCHEME

BANKING DETAILS

Claims reimbursement - Reimbursements will be paid directly into your nominated bank account.

Name of practice							
Practice number							
Name of account holder							
Name of financial institution							
Account number							
Account type	Current		Savings		Transmission		
Branch name			Branch code				
Physical address							
		Code					
Practice telephone number							
Practice email address							
Postal address		Yes		No			

In order to update or change provider banking details, the ALLIANCE MIDMED Medical Aid Banking details form needs to be completed. The ID or Company registration number are essential, along with all the required fields.

Attach the following documentation:

1. An original or certified copy of your bank statement, alternatively an original signed and stamped letter for the bank confirming the bank account details
2. A certified copy of identity document of the account holder/s
3. Copy of BHF registration
4. Copy of Company Registration (CIPC) (Where applicable)

The above documents with the completed form can be emailed to **service@alliancemidmed.co.za**
Please ensure that the original documentation is:

Posted to
Alliance-Midmed Medical Scheme P.O Box 1463 Garsfontein Pretoria 0043

or

Couriered to
Alliance-Midmed Medical Scheme Alenti Office Park, Building B 457 Witherite street The Willows Pretoria, 0043

5. Payment will commence once we are in receipt of your original documents.

By providing these details I authorise the Scheme to pay claim reimbursements directly into this bank account. I will not hold the Scheme responsible for incorrect details provided and agree to inform the Scheme in writing of any changes to these details.

Date D D M M Y Y Y Y

Name of authorised signatory