

Application for Physician Payment Account

Name of Physician: (IN FULL NAME)	Medical Council Reg. No.:	<input type="checkbox"/> New Account <input type="checkbox"/> Extra Account <input type="checkbox"/> Account Cancellation <input type="checkbox"/> Update info (please indicate below)
		Effective Date:
Mailing Address (for receiving a statement and cheque):		
Email Address (for receipt of direct bank transfer remittance advice / inquiry):		

IMPORTANT: To facilitate the logistics set up for your doctor fee/ allied health payment, please fill in the following information. Please allow **10 business days on average upon all necessary documents are received** to activate such change.

Notes to Physician Fee Payment Arrangement

Gleneagles Hong Kong accepts Cash, EPS and Credit Cards payment (*do not accept personal cheque*) made by patients on settlement of hospital bills, including doctors' fees, upon discharge.

Hence, service charges calculated at the specified rates charged by the respective card centres/ EPS will be automatically deducted proportionately from the physician fees collected on your behalf during our semi-monthly physician fee reimbursement. Details will be shown on your statement/ remittance advice.

Please also examine your statements/ remittance advices immediately and refer any queries within **60 days** to our Finance Department. Retain all original statements/ remittance advices for tax purpose. Note that there will be a charge of HK\$200 for re-issuing statements/ remittance advices.

Part 1 – Payee Type:

- Personal, HKID Card No.: _____; or
 Company (*please provide copy of BR certificate*), Business Registration No.: _____

Part 2 – Select Payment Method:

(You are recommended to select 2A: Direct Bank Transfer for prompt receipt of reimbursement)

- 2A: Direct Bank Transfer** (*please fill the bank info*) **2B: Cheque Payment**

Name of Account Holder / Payee Name:

Bank account information (please provide copy of document showing your bank a/c info)

Bank Name	Bank Code	Branch Code	Bank Account Number
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Please return the completed form with relevant supporting documents:

- 1) Email: doctor.fee@gleneagles.hk; or
- 2) Post: 1 Nam Fung Path Wong Chuk Hang
(Attn: Finance Department - Doctor Fee Team)

Office Use Only:

Assigned Physician Code:	
Updated by:	
Reviewed by:	

I hereby certify the above information to be true and correct.

 Physician's Signature
 (Please use the name signature as your personal record filed in our Hospital)

 Date