



**Practice bank detail form for Electronic Funds Transfer (EFT)**

Dental Information Systems Pty (Ltd) (DENIS) on behalf of our medical scheme clients provides payment for claims where applicable. We require you're banking details in order to do these payments via bank transfers.

- Please note that all EFT payments from DENIS will be weekly, cheque payments will be monthly.
- Please complete the following information and fax or post to us on the address details at the bottom of the form.

Practice Name					
Practice Number					
Practice Physical Address			<b>Admin Company</b> Physical Address		
Practice Postal Address			<b>Admin Company</b> Postal Address		
Physical Practice Telephone Number			<b>Admin Company</b> Telephone Number		
Practice Fax Number			<b>Admin Company</b> Fax Number		
Cell Number			<b>Admin Company</b> Cell Number		
Practice Email Address			<b>Admin Company</b> Email Address		
Practice Account Name					
Practice Bank Name					
Account Number					
Account Type (Tick appropriate box)	<input type="checkbox"/> Current account	<input type="checkbox"/>	<input type="checkbox"/> Savings account	<input type="checkbox"/>	<input type="checkbox"/> Other

Alternatively you can email it to DENIS on [thenetwork@denis.co.za](mailto:thenetwork@denis.co.za). Please include the following:

- This completed page
- Copy of ID document
- Cancelled cheque (or in the case of a savings/transmission account: a copy of a recent bank statement not older than 6 months or a letter from the bank not older than 6 months)

DENIS will accept faxed or scanned email information for our records; alternatively the original documents can be posted to the above address. Telephonic verification will be done for security purposes.

**I/we hereby, instruct and authorise you to pay my/our medical aid refunds which may accrue to me/us to the credit of my/our account with the above mentioned bank (or any bank or branch to which I/we may transfer my/our account).**

Signed: \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_

**Dental Information Systems (Pty) Ltd**

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