

# Application to join the Joint Sustainability Project (JSP) for physiotherapists 2022



## Contact us

Tel: 0860 44 55 66, PO Box 784262, Sandton, 2146, [www.discovery.co.za](http://www.discovery.co.za)

## Purpose of the form

Application to join the Joint Sustainability Project for physiotherapists

Please email the completed document by email to **PROVIDER\_ADMINISTRATION@discovery.co.za**

## Details of practice owner

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) (as per identity document)	<input type="text"/>				
BHF Billing Practice number	<input type="text"/>				
Society or Group Membership number	<input type="text"/>				
ID number	<input type="text"/>				
HPCSA number	<input type="text"/>				

## Physical address

Suite/Unit number	<input type="text"/>	Complex name	<input type="text"/>		
Street number	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			Post code	<input type="text"/>

## Postal address (Post collected from post box, suite or private bag)

If you do not complete a postal address, we will use your physical address for post.

<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	Box number	<input type="text"/>		
<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet Suite	Number	<input type="text"/>		
Suburb	<input type="text"/>			Post code	<input type="text"/>

## Contact details

Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>		
Cellphone	<input type="text"/>				
Email	<input type="text"/>				

I, the undersigned, would like to participate in the Joint Sustainability Project (JSP), which is subject to the following terms and conditions:

1. Claims will be reimbursed at the JSP rate for both in- and out-of-hospital treatment, regardless of the nature of the claim. Payment will be made according to the normal benefit rules for day-to-day out-of-hospital medical expenses.
2. The JSP rate will apply to KeyCare members but is subject to the benefit restrictions of the KeyCare plans.
3. I agree to bill members at the JSP rate without any form of balance billing, for example levies or admin fees.
4. Consumables, materials and equipment will be excluded from the JSP. This will mean that normal benefit rules will apply to these items.
5. I acknowledge that I am a fully compliant member of an accredited South African Physiotherapy Society or recognised consulting group and will uphold such membership for the duration of my participation in the JSP.
6. Claims reimbursement will be made in accordance with the industry billing guidelines accepted by all parties within the industry and the published rules of the participating medical schemes.

7. I agree to participate in the Discovery Health peer review/mentoring processes involving the exchange of clinical and/or administrative information towards jointly promoting an efficient and high-quality healthcare system.
8. As the practice owner, I will ensure the data sharing, peer review and mentoring services provided under these terms and conditions form part of the conditions of services by all therapists employed or contracted with the practice.
9. When submitting claims, I will ensure that the referring doctor field is populated on all in-hospital claims.
10. I will apply all society/group and Discovery Health - endorsed guidelines and protocols which will be released from time to time.
11. Discovery Health will only consider claims at the JSP rate from the published start date of the JSP and only for service dates later than the date of receipt of a signed agreement.
12. The JSP rate will also apply to selective closed medical schemes administered by Discovery Health, up to the JSP rate subject to the benefits offered by the scheme. The current list is included in Annexure A in the cover letter.
13. New schemes coming under the administration of Discovery Health that would like to be included in this agreement will be automatically included subject to approval of the scheme's board of trustees. Any changes to this list will be communicated to you and published on the Discovery Health website.
14. Details of participating practices will be communicated to medical scheme members, relevant healthcare professionals and the Societies where necessary.
15. This agreement may be terminated with 30 (thirty) days written notice by either party, except in the case of demonstrated fraudulent activity, which would result in immediate termination

Signature

Date

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