

Application for Business Partner Account

		e provided to fac	cilitate Doctor fee/ Allied h	ealth payment.	
Name of Physician: (IN FULL NAME)			Physician Code:		
Email Address:			Contact Number:		
IMPORTANT: To facilitate the logistics set up for your doctor fee/ allied health payment, please fill in the following					
information. Please allow <u>15 business days on average upon all necessary documents are received</u> to					
activate such change.					
N. C.					
Notes of Doctor Fee / Allied Health Payment Arrangement St. Paul's Hospital accepts Cash, EPS and Credit cards payment (except 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 doctor/ allied health fees collected on your behalf during our					
semi-monthly doctor fee reimbursement/ monthly allied health payment process. Details will be shown on your statement.					
Statement.					
Please also examine your doctor fee/ allied health payment statement immediately and refer any queries on					
statement within 60 days to our Finance Department. Retain all statements for tax purpose.					
☐ Request for New Business Partner Account					
Name of New Business Partner: (Photocopy of Business Registration Certificate must be provided.)					
Business Registration Number:				Effective Date:	
Mailing Address:					
Bank Information of Business Partner					
Bank Code:	Branch Code:	Bank Accoun	Bank Account Number:		
Name of Account Holder:					
☐ For Inactivation of Existing Business Partner					
Name of Business Partner: (for inactivation)				BP Code:	
Please ensure the following document is enclosed with this application:					
□ Photocopy of Business Registration Certificate Signature					
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			Physician's Signatur	_ e	
			Office Use Only:		
supporting documents by: 1) Fax: 2837 5241 or email: vmo@stpaul.org.hk 2) Post: 2 Eastern Hospital Road, Causeway Bay, Hong Kong (Attn: Medical Superintendent's Office)					
			Assigned BP code:		
			Updated by:		
		- 1			
			Verified by:		