

CERTIFICATION OF PRIMARY HEALTH
ORGANISATION REGISTER – CONTRACTED
PROVIDERS

CONTRACTED PROVIDER NAME: _____

PHO NAME: _____

PHO QUARTER: _____

I certify that to the best of my knowledge, and after undertaking appropriate inquiries that this register contains only enrolled or registered patients in accordance with the provisions of the PHO Service Agreement, and in particular the Referenced Documents, *Business Rules: Capitation-based funding* and the *Enrolment Requirements for Primary Health Organisations*.

SIGNED: _____
(to be signed by the Practice Manager or Senior GP or Chief Executive Officer)

NAME: _____

DESIGNATION: _____

DATE: _____

This certificate is a requirement of clause F.10 of the Primary Health Organisation service Agreement Version 16.1. This certificate is required to be completed and forwarded to your PHO prior to payment being made.

Please fax to NPHOS at (09) 438 3210 *after* the live submission of the practice patient register has been sent to Northland PHO Services (NPHOS)