

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:		
IMPOPTANT: To fe	ecilitate the logistics set u	n for your doctor	foo/ allied health navment	, please fill in the following	
				c <i>uments are received</i> to	
activate such change	Э.				
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'	ee / Allied Health Pay				
St. Paul's Hospital accepts Cash, electronic payments as available by Hospital (except cheque) made by patients on settlement of hospital bills, including doctors' fees, upon discharge.					
Service charge is applied on doctor/ allied health fees collected on your behalf with electronic payments.					
Payment will be made to your designated payee in semi-monthly (doctor fee) / monthly (allied health professional fees).					
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 Effe			Effective Date:	Effective Date:	
Name of Business Partner: (for inactivation)				BP Code:	
	or armorr (101 magnitud				
Please ensure the following document is enclosed with this application:					
☐ Photocopy of Business Registration Certificate			Signature		
			Physician's Signatur	e Date	
Please return the completed form with necessary			Office Use Only:		
supporting documents by: 1) Fax: 2837 5241 or email: vmo@stpaul.org.hk 2) Post: 2 Eastern Hospital Road, Causeway Bay,			Assigned BP code:		
			7.001g1104 B1 0040.		
Hong Kong (Attn: Medical Superintendent's Office)		Updated by:			
			Verified by:		