

CHANGE PROVIDER

Please check all details, then complete the relevant areas of the form and return it to:
BSP Health Care (Fiji) Limited, Ground Floor, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.
Telephone 331 7000 Call Centre 132 700 Facsimile 330 8955 Web www.bsplife.com.fj



PLEASE READ THESE NOTES:

- This form is to be completed for change of Provider. A Provider may be a General Practitioner (Doctor) or Pharmacy.
- This form applies to the Outpatient Care and Outpatient Care Plus benefits applicable to Medical policies ONLY.
- Only BSP Health preferred providers can be nominated by the Policy Owner/Broker.
- Change Provider form must be signed by the Policy Owner or Broker.
- A separate form must be completed for each person who is changing provider.

Section A :Policy Details

Policy Number:

Policy Owner Name:

Section B : Provider Details

The details for the following person are to be changed:

Select details to be changed for: Policy Owner Primary Insured Spouse Dependent

First Name:

Middle Name:

Last Name:

Complete in this section the details of the NEW General Practitioner (Doctor) and/or Pharmacy to be nominated.

General Practitioner

Name:

Pharmacy

Name:

Section C: Declaration

I hereby confirm details above to be correct and request for the change to be applied to the policy.

Full Name:

Signature:

Date:

Section D: For Office Use Only

Checklist: Impress received stamp on the form.

Form completed in full.

Change Provider Form must be signed by the Policy Owner/Broker.

The new Provider/Pharmacy is on the BSP Health Preferred list.

Action Taken:

Received by:

Name

Signature

Date

Authorised by: