



NATIONAL HEALTH FUND

HEAD OFFICE: 6TH Floor, The Towers, 25 Dominica Drive, Kingston 5
Tel: (876) 906-1106 Fax: 906-1105 Toll-free 1-888-342-5643
PHARMACEUTICAL DIVISION: 78 Marcus Garvey Drive, Kingston 11
Website: www.nhf.org.jm

E-PAYMENT REGISTRATION FORM

Type of Provider: NHFCard JADEPCard COB Diagnostic PPP

Name of Provider: _____

Address: _____

Telephone No. _____

Account Number (include all zero): _____

Name(s) of Account Holder: _____

Name of Bank: _____

Address of Branch: _____

Type of Account: _____

Email Address: _____
(Your statement will be sent to this e-mail address)

Authorized Personnel, Position & Signature

[Name]

[Position]

[Signature]

[Date]

[Affix company stamp here]

FOR OFFICIAL USE ONLY

Pharmacy No: _____ Approved: _____ Date: _____

Provider Relations

Bank Branch Code: _____ Updated To Epay System: _____ Date: _____

Accounts