

# Practice Code Number Reinstatement Form: Drug and Alcohol Rehabilitation Centre

The BHF's PCN unit ("PCNS") is the entity tasked with the administration of practice code numbers. It is the responsibility of the applicant to complete the particulars required hereunder and to supply all the necessary information, as per the PCN reinstatement. The PCN unit will reinstate PCNs for suppliers of relevant health services who comply with the PCNS reinstatement verification criteria.

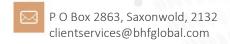
## **PLEASE NOTE**

#### Please show by ticking the below that you have read and understood the information:

1	The completed reinstatement form and supporting documents can be sent to pcns_admin@bhfglobal.com	
2	Failure to submit all required and correctly certified documentation with your reinstatement form will result in your reinstatement being cancelled and forfeiture of the PCNS Reinstatement fee as it is not refundable.	
3	The PCNS practice number is not transferrable.	
4	The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	
5	Should you have any Queries regarding this Reinstatement, please contact Client Services at +27 87 210 0500 or e-mail <a href="mailto:clientservices@bhfglobal.com">clientservices@bhfglobal.com</a>	

KINDLY NOTE THIS REINSTATEMENT FORM MUST BE FULLY COMPLETED IN ADDITION TO THE SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED. FAILURE TO DO SO WILL RESULT IN THE DELAY IN THE PROCESSING OF YOUR REINSTATEMENT FOR A PCN.





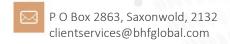




In accordance with Legislation and BHF Policies, a Practice Number may not be reinstated without the following supporting documents (tick what is relevant to you and has been submitted)

Board resolution for nominated and appointed proxy/signatory for the registration of the PCNS practice number (mandatory for facilities with more than 1 Director listed on the Company Registration documents)	
Copy of the owner or appointed proxy's Identity Document (mandatory)	
Copy of the passport and proof of permanent residence permit, where the owner/appointed proxy is not a South African citizen	
Declaration form signed by the owner or appointed proxy (mandatory)	
A stamped bank account confirmation letter not older than 3 months accompanied by the bank	
verification form on page 4 of this reinstatement form signed by the practice owner(s) or appointed	
proxy and the authorised bank account holder/signatory (mandatory for banking details that belong to a $3^{\rm rd}$ party)	
Copy of Marriage Certificate or Divorce Decree (where applicable)	
Copy of the Prevention and Treatment of Drug Dependency Registration Certificate from the National Department of Social Development of South Africa (mandatory)	
Copy of the Company Registration documents from the Registrar of Companies (where applicable).	
Proof of payment of PCNS Reinstatement Fee (Non-Refundable) (mandatory)	

Lower Ground Floor, South Tower 1Sixty Jan Smuts, Rosebank, 2196





087 210 0500



Company Registration No. 2001/003387/08

We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your reinstatement and lead to errors in the information captured OWNER/APPOINTED PROXY DETAILS Title First Names Surname ID Number **REHAB CENTRE DETAILS** Please note that requests to backdate or alter the original starting date cannot be accommodated Rehab Manager's Name \_ Rehab Name Practice Number \_ Vat Number (if applicable) Tax Number (if applicable) \_ Proprietary Limited No No Closed Corporation Yes No Yes No Company registration (if applicable) Incorporated Company No Yes No Yes Practice Postal Address Practice Physical Address Suburb \_ Province Applicant's Telephone Number (\_ Applicant's Teignione Number (c) (If no telephone number is provided your cell phone number will be captured as the main telephone number on the system as this is a mandatory field) Applicant's E-mail EDI User EDI website address: EDI Company: Bureau Telephone Number: Bureau Name:\_



Lower Ground Floor, South Tower 1Sixty Jan Smuts, Rosebank, 2196



P O Box 2863, Saxonwold, 2132 clientservices@bhfglobal.com

Bureau website address:\_



T 087 210 0500



Company Registration No. 2001/003387/08

# **Banking Details Verification Form**

#### To: BHF Client Services

I/ We declare that the details on this Banking Verification Form and attached bank letter are correct and used by the medical schemes and their administrators for reimbursement of claims.

Please ensure that the form is completed with the correct information. Please indicate whether the banking details are registered under an ID Number or a Company Registration number. Where the banking details are registered under the ID/Company Registration number of a 3rd party please submit a certified copy of the account owner's ID or a Copy of the Company Registration documents. The document needs to be signed by both the account holder and the practice owner where the banking details are registered under a 3<sup>rd</sup> party.

We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your reinstatement for a PCN and lead to errors in the information captured							
	CN and lead	to errors	s in the inform	lation ca	ptureu		
Practice Number							
Practice Name							
Bank Name							
<b>Branch Name</b>							
Account Name (not account type)						0_	
Account Number						A	
Account Type	Current	Savings	s Transmiss	sion		/ \	
Account Registration Type	ID Numbe		Company Registration	Enter I	D/Compan	ny Registration Number(s)	
						111111111111111111111111111111111111111	9/9/
	111110000000000000000000000000000000000						
Authorised	Authorised Bank Account Holder initials and Surname/s				Authorised Bank Account Holders Signature/s	96	
	NB: Digital signatures are not acceptable and may delay the processing of your reinstatement.						
		NB: DIYILA	i signatures are	пос ассер	nadie and n	may delay the processing or your reinstatement.	
SIGNATURE OF PRA	SIGNATURE OF PRACTICE OWNER/APPOINTED PROXY			DATE			
			ANUTE - NO - 1000				
FULL NAME AND SURNAME OF PRACTICE OWNER/APPOINTED PROXY							
						Was a data of the same of the	
					£		









## **Bank Debit Order Instruction**

We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your reinstatement for a PCN and lead to errors in the information captured

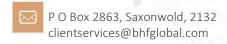
Please be advised that there is an annual practice code number renewal fee payable before the 31<sup>st</sup> of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information will not be accepted.** 

#### Bank details for debit order transaction purposes only

The details of my/our account are as follows:

Practice Name:			
Bank Name:			
Account Holder Name:			
Account Number:			*
Account Type:			/1
	means of giving BHF 30 days' n	March 31  otice in writing, sent via registered post to ly owing to BHF, which BHF has withdraw	o the BHF offices. I/We
/we may not delegate any of my/our		gainst my/our account may not cede or a tion to any third party before the written c	
/we may not delegate any of my/our party.	obligations in terms of this instruc		onsent of the authorised
/we may not delegate any of my/our party. Signed at:	obligations in terms of this instruction	tion to any third party before the written of	onsent of the authorised
/we may not delegate any of my/our party. Signed at:	obligations in terms of this instruction	tion to any third party before the written or	onsent of the authorised
/we may not delegate any of my/our party. Signed at:	obligations in terms of this instruction on this on this signatures are not acceptable and may	tion to any third party before the written or	onsent of the authorised
/we may not delegate any of my/our party. Bigned at:	obligations in terms of this instruction on this on this signatures are not acceptable and may	tion to any third party before the written co	onsent of the authorised

**(2)** 







Company Registration No. 2001/003387/08

## **PCNS** Registration Fees

#### NB. The PCNS Reinstatement fee is non-refundable.

The PCNS reinstatement fees for the current year are available on the PCNS website (<u>www.pcns.co.za</u>). Failure to comply with the application requirements will result in the reinstatement being unsuccessful and forfeiture of the reinstatement fee.

Reinstatement will not be processed without proof of payment of PCNS reinstatement fees. Please refer to the Fee Schedule for the correct fee: <a href="https://www.pcns.co.za/Home/Fees">https://www.pcns.co.za/Home/Fees</a>

#### Amount payable

- Health Establishments And Devices reinstatement fee

**NEDBANK** account holder: PCNS is a registered bank-approved beneficiary. To make a payment you will be required to add us to your beneficiary list by selecting PCNS Renewals and entering your 7-digit practice number.

#### Other Bank EFTs

Bank: Nedbank

Branch: The Mall of Rosebank

Branch code: 197705
Account Name: PCNS
Account No: 1958 518 530
Account Type: Cheque accoun

Reference: It is recommended that your Practice number be used as a reference







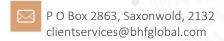


# REINSTATEMENT REQUEST DECLARATION

Date:				
Practice Number:			-	
Council Number:			-	
ID Number:			-	
I, (full name and surname)				
would like to request that PCNS	reinstate my/our Practice Co	ode Number effective fr	rom (date)	
I have submitted all the required	I supporting documents and	proof of payment for the	he reinstatement of my	y/our Practice Code
NB: Digital s	signatures are not acceptable	and may delay the proce	essing of your reinstate	ment.
			1110000	000000
			1111111111	00000
SIGNATURE OF OWNER/APPOINT	ED PROXY	/// 100	DATE	
				00000
FULL NAME AND SURNAME OF OV	VNER/APPOINTED PROXY	A HAR		2/2008
		• ##		



Lower Ground Floor, South Tower 1Sixty Jan Smuts, Rosebank, 2196





T 087 210 0500



Company Registration No. 2001/003387/08

## TERMS AND CONDITIONS FOR THE USE OF A PRACTICE NUMBER

1.1 Agreement shall mean these terms and conditions, as amended from time to time.

Business Days hall mean any day of there than a Saturday, Sunday, or public holiday in South Africa.

Commencement Date shall mean 1 April 2016.

Confidential Information shall mean information or material proprietary to or deemed to be proprietary to the BHF, information designated as confidential by the BHF, information acquired by the User by way of the User's interactions with the BHF, the contents of and all information relating to any negotiations, discussions or transactions between the Parties, any information about or relating to any negotiation, discussions or transactions between the Parties, any information about or relating to any negotiation, discussions or transactions between the Parties, any information about or relating to the PCNS, including but not limited to the PCNS' designs, algorithms, formulae, content and/or decision making rules, all Intellectual Property of the BHF and associated material and documentation including information contained therein, the know-how-leavel lating the fells of archity which the BHF operates or intents to operate, the research and development in which the BHF is involved and the philosophy and general approach to business of the BHF, ethologies and contractual arrangements of the BHF, ethologies and contractual arrangements of the BHF, ethologies and their requirements, the membership and the BHF as well as all other matters or the BHF, desired business activities, and any other policies of the BHF as well as all other matters or information which relates to the business or intended business of the BHF, ethologies of the BHF desired business or intended business of the BHF and a sociated in writing, verbally or otherwise by the BHF to the User and/or the User's representatives, and any other information which is disclosed by the BHF to the User and/or countes of the eart, irrespective of whether the format theretor winth was succiously in writing we have not to the eart and to the eart of the eart o PCNS shall mean the Practice Code Numbering System owned by the BHF, which includes a list of unique practice billing codes for providers or neatmant environments and the practice code in the code of the practice Number shall mean the uniber allocated by the BHF to a User for purposes of inter alla identifying such User on the PCNS.

Signature Date shall mean me date of the Party last signing this Agreement, and

User shall mean may general practitioner, medical specialist, dentitist, hospital, pharmacy, and/or any other supplier of medical and related services, who complies with the BHF's requirements to be issued with a Practice Number, and in respect of whom the BHF has allocated a Practice Number.

Blacked a Practice Number.

Unless inconsistent with the context, an expression that denotes:
any one gender includes the other gender.

a natural person includes an artificial person and vice versa; and the singular includes the plural and vice versa.

When any number of days is prescribed in this Agreement, same shall be tecknoed exclusively of the first and inclusively of the last day unless the last day falls on a day which is not a Business Day, in which case the last day shall be the immediately following Business Day. 2.2.9 2.2.10 2.2.11 2.3 2.4 2.4.1 2.4.2 2.4.3 2.5 event that the day of payment of any amount due in terms of this Agreement should fall on a day which is not a Business Day, then the relevant date for payment shall be the following Business Day.

e figures are referred to in numerals and in words if there is any conflict between the two, the words shall prevail.

e any term is defined within the context of any particular clause in this Agreement, the term so defined, unless it is clear from the clause in question that the term so defined has limited reinstatement to the relevant clause, shall bear the same meaning as edd to it for all purposes in terms of this Agreement, only withstanding that the term has not been defined in this interpretation clause.

seo of the word including followed by a specific example or examples shall not be construed as limiting the meaning of the general wording preceding it and the elusdem generis rule shall not be applied in the interpretation of such general wording or such sind or examples. 2.6 2.7 2.8 example or examples.

Any reference to an enactment in this Agreement is to that enactment as at the commencement of this Agreement and as amended or re-enacted from time to time.

The rule of construction that the contract shall be interpreted against the Party responsible for the drafting or preparation of the Agreement, shall not apply.

This Agreement shall be binding on and enforcable by the estates, heirs, executors, administrators, trustees, permitted assigns, or liquidators of the Parties as fully and effectually as if they had signed this Agreement in the first instance and reference to any Pa
be deemed to include such Party's estate, heirs, executors, administrators, trustees, permitted assigns or liquidators, as the case may be.

The expiration or termination of this Agreement shall not affect the provisions of this Agreement which expressly provide that they will operate after any such expiration or termination or which of necessity must continue to have effect after such expiration or

termination, notwithstanding that the clauses themselves do not expressly provide for this. 2.13 The BHF has developed the PCNS in order to facilitate the procedure in terms of which the Members make payments to Juser, and order for the Members to make payment to a Juser, but but must be registered with the BHF will issue the User with a Practice Number to the User.

The Parties accordingly enter into this Agreement to record the terms and conditions on which the BHF will issue the User with a Practice Number, and that will apply to the use of the Practice Number.

COMMENCEMENT AND DURATION

In respect of a User to whom the BHF has already allocated a Practice Number prior to the Commencement Date, this Agreement shall commence on the Commencement Date. In respect of a User to whom the BHF issue a Practice Number after the Commencement 4. 4.1 this Agreements hall endure for as lineary anisoted a practice number pior to the Commencement due, one Agreements shall commence on the Commencement due. In respect of a close to whom the one issue a practice number after the Agreement shall endure for as long as the User has a Practice Number and makes use of the PCNS unless otherwise terminated in accordance with the provisions of this Agreement. Jesur may at any time terminates this Agreement by giving the other Party written notice of termination of this Agreement.

Evernt that a User terminates this Agreement by giving the other Party written notice of termination of this Agreement.

Evernt that a User terminates this Agreement in accordance with clause 4.3, such User shall not have any claim against the BHF in respect of the Fee, which the User may have paid over to the BHF prior to termination of this Agreement. IN the Event has a User terminates una Section and Sec iervices renociation User shall pay to the BHF the Fee that can be found on the PCNS website www.pcns.co.a on or before 31 March in every calendar year. The Fee shall be subject to an annual escalation as determined by the BHF Board of Directors.

Jayments by the User in terms of the provisions of this Agreement shall be made by means of an electronic fund transfer to the bank account nominated by the BHF, free of costs, deductions, set off, and exchange, and is non-refundable.

User shall pay all payments due in terms of this Agreement into the BHF's bank account, the details of which shall be made known to the User from time to time.

Test shall accrue on the outstanding balance of all amounts due and payable but unpaid by the User from time to time in terms of this Agreement. Such interest shall be charged at the rate of interest published as being charged from time to time by the BHF's leaves, as certificied by any manager of that bank, whose appointment need not be proved and whose certification shall, in the absence of manifest error, be final and binding on the Parties, plus a margin of 2% (two percent) (or at the maximum rate allowed by law, there is the greater), calculated from the date falling immediately after the date on which payment becomes due in terms of the provisions of this Agreement until the date of payment. Support shall be given during the hours of 08h00 to 16h30 on Business Days.

The User Index Learning Colliciants of the User Support shall include telephonic support and electronic support. The User Index Learning Colliciants of the User Support shall include telephonic support and electronic support. The User Index Learning Colliciants of the User Support shall include telephonic support and electronic support. The User Index Learning Colliciants of the User Support shall include telephonic support and electronic support. The User Index Learning Colliciants of the User Support shall include telephonic support and electronic support. The User Index Learning Colliciants of the User Support shall include telephonic support and electronic support. 7. 7.1 7.2 8. inter user unvertakes.

To use the Practice Number in accordance with the provisions of this Agreement, the BHP's codes of conduct, and policies relating to the use of the PCNS and/or Practice Number.

To use the Practice Number exclusively for such purposes as set out in clause 5.

To use the Practice Number exclusively for such purposes as set out in clause 5.

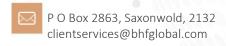
To use the Practice Number exclusively for such purposes as set out in clause 5.

To use the Practice Number of the PCNS on the PCNS or purposes other than those set out in clause 5 without the BHP's prior written consent.

To the PCNS on behalf of the User, unless such third party is duly authorised by User to use the User's Practice Number 10 uses the PCNS on behalf of the User, unless such third party is duly authorised by User to use the User's Practice Number 10 uses the PCNS on behalf of the User, unless such third party is duly authorised by User to use the User's Practice Number 10 uses the PCNS on behalf of the User, unless such third party is duly authorised by User to use the User's Practice Number 10 uses the PCNS on behalf of the User, unless such third party is duly authorised by User to use the User's Practice Number 10 uses the PCNS on behalf of the User, unless such third party is duly authorised by User to use the User's Practice Number 10 uses the PCNS on behalf of the User, unless such third party is duly authorised by User to use the User's PCNS on the PC 8.1 8.2 8.3 8.4 set out in clause 5; onto to allow any fraudulent use of the User's Practice Number. to immediately notify the BHF of any unauthorized use of the User's Practice Number. to immediately notify the BHF of any security breach of the User's profile on the PCNS. to supervise and control the use of the Practice Number in accordance with the terms of this Agreement. to supervise and control the use of the Practice Number in accordance with the terms of this Agreement. to make use of the necessary communications equipment required for accessing the PCNS. to immediately notify the BHF in writing of any problems that the User may experience while using the PCNS; and to ensure that the User's information on the PCNS is daways current and updated. 8.5 8.6 8.7 8.8 8.9 8.10 8.11 10.



Lower Ground Floor, South Tower 1Sixty Jan Smuts, Rosebank, 2196





Initials



Company Registration No. 2001/003387/08

12.2 12.2.1 12.2.2 12.2.3 12.3 The User: acknowledges that the intellectual Property subsisting in the PCNS is the exclusive property of the BHF. The User further acknowledges that the Intellectual Property subsisting in the PCNS is a commercial asset of considerable value to the BHF; shall not in any manner or respect create the representation that it has any rights or title to the Intellectual Property subsisting in the PCNS, except as provided for in this greement; shall under no circumstances, use or apply for registration of any intellectual property substing in the PCNS.
To the extent that the User makes and/or suggests any improvements and/or developments to the PCNS, the rights in and to such improvements and/or developments and/or develop 13. 13.1 13.2 expected to be derived from the use of the Commontain importance, except as answer or in una regreement drugs with more specime and contained 13.4 disclosure of the Confidential Information and shall take all reasonable steps to minimize the damage caused by such unauthorised disclosure and/or further disclosure of the Confidential Information.

The User understates not to:
copy, reproduce or adapt the Confidential Information in any manner or form;
develop anything similar to the Confidential Information, and/or
register any intellectual property that pertains to or is based on the Confidential Information or anything similar thereto.

The obligations of the User pursuant to the provisions of this Agreement shall not apply to any information that:
is disclosed by the User to satisfy an order of a court of competent, jurisdiction or to comply with the provisions of any law or regulation in force from time to time; provided that in these circumstances, the User shall advise the BHF to take whatever steps it deems
necessary to protect the interests in this regard provided further that the User will disclose only that portion of the information which it is legally required to disclose and the User will endeavours to protect the confidentiality of such information to the widest extent
possible in the circumstances; and 13.6.2 14. 14.1 is disclosed to a third party pursuant to the prior written consent of the BHF; BREACH AND TERMINATION BREACH AND TERMINATION

Should any Party (the Defaulting Party) commit a breach, other than a material breach, of any of the provisions of this Agreement, then any other Party (the Aggrieved Party) shall be entitled to require the Defaulting Party to remedy the breach within 5 (five) Business Days, or any other reasonable time, of delivery of a written notice requiring it to do so. If the Defaulting Party shall be the present within the period specified in such notice the Aggrieved Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party should be defaulting Party should be designed by the Defaulting Party should be defaulti a find and unappeasable (buggers) against to vice remainstrates that specially or cases to carry on business;

ceases to render medical services and/or becomes unauthorized to or disqualified from providing medical services.

Any termination of this Agreement pursuant to the provisions of clause 1-24 shall be without prejudice to any claim which a Party may have in respect of any prior breach of the terms and conditions of this Agreement by the other Party. FORCE MALEURE In the event of any act of God, strike, war, warlike operation, rebellion, riot, civil commotion, lockout, combination of workmen, interference of trade unions, suspension of labour, fire, accident, unavailability, failure or suspension of services provided by third parties, or (without regard to the foregoing enumeration) of any circumstances arising or action taken beyond or outside the reasonable control of the Parties hereto preventing them or any of them from the performance of any obligations hereunder (any such event hereinafter called Force Majeure) them the Party affected by such Force Majeure shall be relieved of its obligations hereunder during the period that such Force Majeure continues (excluding payment obligations for materials purchased) but only to the extent so prevented and shall not be liable for any delay or failure in the performance of any obligations hereunder or loss or damage which the other Party may after due to or resulting from the Force Majeure, provided always that a written notice shall be promptly given of any such inability by the affected Party. Any Party invoking Force Majeure shall upon the termination of such Force Majeure give prompt written notice thereof to the other Parties. Should Force Majeure continues for a period of more than 90 (ninety) days, then either Party shall be entitled forthwish to cancel this Agreement. 16.1 16.2 17. CESSION AND DELEGATION
The User shall not without the prior written consent of the BHF, which may not be unreasonably withheld cede, delegate, transfer, alienate, hypothecate, or otherwise dispose of any of its rights or obligations under this Agreement.
The BHF shall at all times be entitled to sell, cede, assign, make over unto or in favour of any person all its rights, title, and interest in and to this Agreement but not its obligations hereunder.

ADDRESSIS
Each Party chooses the addresses set out opposite its name below as its addresses to which all notices and other communications must be delivered for the purposes of this Agreement and its Domicilium citandi et executandi (Domicilium) at which all documents in legal proceedings in connection with this Agreement must be served.

The BHF Domicilium

Lower Ground Floor South Tower, Edo in Smut - Cnr. Tyrwhitt Ave, Rosebank, 2196
Postal address: PO Box 2861, Saxonwold, 2132 Contact No: 011 537 0200 Email: Clientservices@bhfglobal.com The User
As recorded in the PCNS.
Any notice or communication notice to the other Party pursuant to the provisions of this Agreement shall be valid and effective only if in writing and sent to a Party's chosen address, telefax number, or e-mail address in accordance with the provisions of clause 17.6, provided that documents in legal proceedings in connection with this Agreement may only be served at a Party's Domicillium.

Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address to another address, provided that: the change shall be used to the 10th (tenth) subsiness Day after the receipt or deemed receipt of the notice by the addressee in accordance with the provisions of clause 17.4, and any change in a Party's Domicillium shall only be to an address in South Africa, which is not a post office box or a poste restante.

Any note to be a Party to contained in a correctly addressee and evelope; and sent by prepaid registered post to it at its chosen address in clause 17.1; or the day of delivery.

Any notice by telegratory to think of a party at its telefax number, number or --mail address shall be some defined to a responsible person during ordinary business bout source and the provisions of clause 17.4, 2 on the day of delivery.

Any notice by telegratory to contained in a party at its telefax number, number or --mail address shall be entered to the provisions of clause 17.4, 2 on the day of delivery.

Notwithstanding anything to the contrary contained in this clause 5, a written notice or communication to it notwithstanding anything to the contrary contained in this clause 5, a written notice or communication actually received by a Party shall be an adequate written notice or communication to it notwithstanding that it was not sent to or delivered at its chosen address, telefax number, or --mail address as set out of or irelated to this Agreement, the Parties shall meet and negotiate in good faith to attempt to resolve the dispute, failing which either 17.2 17.3 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 17.7 000 18. It a dispute between the Parties arises out of or is related to this Agreement, the Parties shall meet and negotiate in good faith to attempt to resolve the dispute, failing which either Party shall be entitled to institute any proceedings against the other Party in any court of competent jurisdiction.

MUTUAL SUPPORT

HE Parties undertake at all times to do all such things as may be in their power to do so, to perform all such acts and to take all such steps and to procure the doing of all such things, the performance of all such actions and the taking of all such steps as may be open to them and necessary for or incidental to the putting into effect or maintenance of the terms, conditions, and import of this Agreement.

AUTHORITY between the Parties arises out of or is related to this Agreement, the Parties shall meet and negotiate in good faith to attempt to resolve the dispute, failing which either Party shall be entitled to institute any proceedings against the other Party in any court The entire provisions of this Agreement shall be governed by and construed in accordance with the laws of the Republic of Sou th Africa. Furthermore, the Parties hereto hereby irrevocably and unconditionally consent to the non-exclusive jurisdiction of the High Court of South Africa, Gauteng Local Division, Johannesburg in regard to all matters arising from this Agreement.

COSTS 21. 22. 23.1 23.2 No Party shall be bound by or have any claim or right of action arising from any express or implied term, undertaking, representation, warranty, promise, or the like not included or recorded in this document whether it induced the contract and/or whether it was negligation ron.

No variation, amendment, or consensual cancellation of this, Agreement or any provisions or terms of this Agreement, and no extension of time, walver or relaxation, or suspension which is so given or made shall be construed as relating strictly to the matter in respect whereof it was made or given.

No extension of time or walver or relaxation of any of the provisions or terms of this Agreement shall operate as an estoppel against any Party in respect of its rights under this Agreement.

No failure by any Party to enforce any provision or this Agreement shall constitute a waiver of such provision or affect in any way such Party's right to require the performance of such provision at any time in the future, nor shall a waiver of a subsequent breach nullify the effectiveness of the provision itself.

Except as provided for under this Agreement, no Party shall cled any of it in rights or delegate any of its obligations under this Agreement will will the prior written consent of the other Parties.

If any classes or term of this Agreement about De invalid, unenforceable, defective, or illegal for any reason whatsoever, then the Parties shall negotiate in good faith to replace such classes with a clause which is valid, enforceable and legal but maintaining the essential provisions or that clauses (to the carety possible, provision is the time of the Agreement in such replacement on such replacement cause, then the remaining terms and provisions of this Agreement shall be deemed to be severable therefrom and shall continue in full force and effect unless such insuliity, unenforceable, and expressed to the provision of this Agreement shall be deemed to be severable therefrom and shall continue in full 23.3 23.4 23.5 23.6 23.7

Initials \_\_\_\_

00000









Company Registration No. 2001/003387/08

## **Declaration**

I, the undersigned, hereby declare that the information contained on the annexed reinstatement form is valid, correct and reflects my personal information as on the date of signature hereof.

I duly authorise the Board of Healthcare Funders (BHF) to disseminate the information set out in the annexed reinstatement form with the BHF's member schemes/Administration Houses and / or PCNS Users for reimbursement purposes. To the extent that the information provided is not true and correct, I hereby indemnify the BHF against any claims which may be instituted against the BHF as a result of the incorrect information which I have provided to the BHF.

I undertake to promptly advise the BHF of any changes to my practice profile as and when such changes may occur.

#### I further declare that I will abide by the following:

I agree to annually renew my practice number and to pay to the annual fee, as determined by BHF, towards the maintenance and running of the PCNS for the period that my practice number remains active.

I acknowledge that failure to renew registration on an annual basis and to pay the annual fee in respect of the maintenance and running of the PCNS will result in my practice number being rendered inactive.

I agree to comply with all relevant legislation, in particular the provisions of the Medical Schemes Act, 1998. In this regard I agree to comply with the requirement to include diagnostic codes, and the full cost on my accounts or statements used to claim benefits from medical schemes and administrators.

I declare that I will comply with the requirement of regulation 5(f) of the General Regulations of the Medical Schemes Act and will use the ICD 10 Code for this purpose.

I declare that I will comply with the requirement of regulation 5(h) of the General Regulations to the Medical Schemes Act requiring the full cost of rendering service to be included on all accounts or statements.

I declare that I am registered with the relevant South African statutory body.

I agree to comply with all obligations in terms of the Income Tax Act.

I acknowledge that a practice number does not guarantee payment by a medical scheme or medical scheme administrator and shall under no circumstances attempt to recover any payment costs from the BHF, or unnecessarily involve the BHF in any disputes that I may have with a medical scheme administrator.

I agree that, in the event that I become aware of any fraudulent activities associated with my practice number, I will immediately notify the BHF thereof, and shall assist the BHF with any investigation action which may be taken by the BHF's Forensic Management Unit.

I agree to be bound by the BHF's policies and terms and conditions relating to the use of practice numbers as amended from time to time and shall familiarise myself with the content of any updates to such policies and terms and conditions which the BHF may make from time to time and shall use the practice number only in accordance with the BHF's latest amendments and requirements pertaining to the use of the practice number.

#### Please show by ticking the below that you have read and completed the following sections of the form, which are attached hereto:

Submitted all required documents certified by an impartial Commissioners of Oaths with a certification date that is not older than 6 months	
Form providing details of the practice completed in block letters	
Completed and signed bank verification form accompanied by a stamped bank letter not older than 3 months(where applicable)	
Section requesting authorisation for the bank debit order instruction for PCNS annual renewal fees completed in block letters (optional)	
Signed declaration that you have read the Terms and Conditions for use of a Practice Number	
Completed reinstatement request declaration	1
By submitting this reinstatement form you understand that the PCNS Reinstatement fee is non-refundable	. 🗆
	Form providing details of the practice completed in block letters  Completed and signed bank verification form accompanied by a stamped bank letter not older than 3 months(where applicable)  Section requesting authorisation for the bank debit order instruction for PCNS annual renewal fees completed in block letters (optional)  Signed declaration that you have read the Terms and Conditions for use of a Practice Number  Completed reinstatement request declaration

NB: Digital signatures are not acceptable and may delay the processing of your reinstatement.

SIGNATURE OF OWNER/APPOINTED PROXY	DATE

### FULL NAME AND SURNAME OF OWNER/APPOINTED PROXY



