PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 July 2026

PCNS PARTNERSHIP BACKDATE FORM

The completed update form can be sent to pcns_admin@bhfglobal.com

Date: _____

Practice Number: _____

Practice Name: _____

We would like to request that PCNS backdate the effective date of our Practice Code Number effective from (date) _____

Please state the reason for the backdate request: _____

_____

_____

_____

Please note that the backdated effective date cannot exceed 3 (three) months or any council registration.

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

The signature for 2 or more partners *(at least 1 signature being one of the naming partner(s))* linked to this application is required, unless the application is for Solus Inc., then only 1 signature is required.

Full name and surname of partner:	Signature:	Date:
_____	_____	_____
Full name and surname of partner:	**Signature:**	**Date:**
_____	_____	_____
Full name and surname of partner:	**Signature:**	**Date:**
_____	_____	_____