PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 July 2026

PRACTICE NUMBER SUSPENSION REQUEST

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

Date: _____

Practice Number: _____

Practice Name: _____

We the undersigned request that PCNS suspend our Practice Code Number effective from:

_____

Please note that the suspension effective date cannot exceed 30 (thirty) days from the date of submission. Furthermore, suspensions cannot be backdated.

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

The signatures of two or more partners linked to this application are required below, unless the application is for Solus Inc., then only one signature is required.

Full name and surname of partner:	Signature:	Individual Practice Number:	Date:
_____	_____	_____	_____
Full name and surname of partner:	**Signature:**	**Individual Practice Number:**	**Date:**
_____	_____	_____	_____
Full name and surname of partner:	**Signature:**	**Individual Practice Number:**	**Date:**
_____	_____	_____	_____
Full name and surname of partner:	**Signature:**	**Individual Practice Number:**	**Date:**
_____	_____	_____	_____