



A Division of the Board of Healthcare Funders

01 July 2025

Practice Code Number Reinstatement Form: Provincial Hospital

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 :

The completed reinstatement form and supporting documents can be sent to pcns_admin@bhfglobal.com

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.

The PCNS practice number is not transferable.

Reinstatement requests that fail PCNS verifications will not be processed. This is to ensure secure and accurate handling of your reinstatement.

The practice number is renewable by the 31st of March each year.

The BHF CSD supplier number is MAAA0095170 for payment purposes.

The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.

Should you have any Queries regarding this Reinstatement, please contact Client Services at +27 87 210 0500 or e-mail <u>clientservices@bhfglobal.com</u>

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

T 087 210 0500 | Lower Ground Floor, South Tower, 1Sixty Jan Smuts, Rosebank, 2196 | P O Box 2863, Saxonwold, 2131





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01 July 2025

REINSTATEMENT SUPPORTING DOCUMENTS

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

SUPPORTING DOCUMENT CERTIFICATION

Applications <u>WILL NOT BE PROCESSED WITHOUT CERTIFIED COPIES OF ORIGINAL DOCUMENTATION</u> by a South African registered Commissioner of Oaths authority. The commissioner of oaths should be impartial, unbiased, not related to the Healthcare Service Provider (HSP), and have no interest in the HSP (such as any immediate family members of the HSP, any employee or employer of the HSP, or any colleague of the HSP). The stamp on the certified document must be dated, including the name of the Commissioner of Oaths and the words COMMISSIONER OF OATHS, <u>and valid for 6 months from the date of certification</u>. Please note that the BHF policy requires that to obtain a practice number, an applicant health care professional must be registered by a regulatory body or a licensing authority in terms of South African Law, as this is a requirement of the Medical Schemes Act (Act No 131 of 1998).

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)

A copy of the CEO's identifying document (<i>mandatory</i>):	
Identity Document or	
Passport and proof of permanent residence, where the applicant is not a South African citizen.	
A certified copy of a document issued by the Department of Home Affairs where the CEO's surname or name(s) differ on 2 or more	
supporting documents	
Marriage Certificate or	
Divorce Decree or	
A confirmation letter	
Declaration form signed by the CEO (mandatory)	
becardion form signed by the eeo (manualory)	
A stamped bank account confirmation letter not older than 3 months, that includes the Company Registration/ID/Passport number(s)	
used to register the banking details. 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 (<i>mandatory</i>)	
Additional document(s) required for banking details owned by a 3rd party	
 A certified Identity Document copy for the Owner of the Bank account (where the account holder is an individual) or 	
• Company registration documents and a certified copy of one director's Identity Document (where the account holder is a	
registered company)	
An Original letter including letterhead and the UOD's Signature, from the Dravingial Department of Uselth. The letter must include:	
An Original letter, including letterhead and the HOD's Signature, from the Provincial Department of Health. The letter must include:	
The level of the Facility The number of bods in the Facility	
The number of beds in the Facility	
The type of specialty the Facility falls under	
The operating hours of the facility	
CEO's details (Full Name, Surname, and contact details)	
Proof of payment of PCNS Reinstatement Fee (Non-Refundable) and any other outstanding fees (<i>mandatory</i>)	
BHF CSD supplier number is MAAA0095170 for payment purposes.	
	Y

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We recommend that yo	u 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
	CEO's DE	TAILS
Title	Initials First Names	Surname
ID Number		
	PROVINCIAL HOS	PITAL DETAILS
Practice Number	Facility Name	
		+
Practice Postal Address		Practice Physical Address
	0	
Suburb		Suburb
Town		Town
Code		Code
Province		Province
	PRACTICE CONT	
	PCNS can only register 1 set of contact details for the	
	e Number () Cell Phone M	
(If no telephone num	ber is provided, your cell phone number will be captured as the main telephone numb	er on the system as this is a mandatory field.)
E-mail address		
Please ensure that you	provide the full contact information for both the applicant as well as information for your non	ninated EDI and/or Bureau (mandatory if an EDI or Bureau company has been selected).
EDI User		
LDI USEI	EDI Company:	EDI website address:
Bureau	Talashara Nashar	
	Telephone Number:	Bureau Name:
	Email Address:	Bureau website address:

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BANKING DETAILS VERIFICATION FORM

To: BHF Client Services

I/ We declare that the details on this Banking Verification Form and the 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 or a Company Registration number.

A certified copy of the Identity Document for the owner of the bank account (where the account holder is an individual) or company registration documents and a certified copy of one director's Identity Document (where the account holder is a registered company) is required.

We recommend that you complete the captured	form in BLOCK I	etters only	OR/ type to complete	e. Unclear handwriting may delay the processing of your reinstatement and lead to errors in the	information
Practice Number				+	~
Practice Name					
Bank Name					
Branch Name	0				
Account Holder Name (not account type)					
Account Number					
Account Type	Current	Savings	Transmission		
Account Registration Type	ID Number		Company Enter I	ID/Company Registration Number(s)	
		<u> </u>			
Authorised Ban	k Account Holder i	nitials and Sur	'name/s	Authorised Bank Account Holders' Signature/s	
	NB	: Digital sign	atures are not accepto	able and may delay the processing of your reinstatement.	
SIGNATURE OF APPLICANT (CEO)			DATE		
CEO'S FULL NAME AND SURNAME					

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01 July 2025

PCNS REGISTRATION FEES

NB. The PCNS Reinstatement fee is non-refundable.

BHF is registered at CSD with the following registration number: MAAA0095170

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 reinstatement 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 as well as any other outstanding fees. Please refer to the Fee Schedule for the correct fee: <u>https://www.pcns.co.za/Home/Fees</u>. Please engage the PCNS Department to confirm any other outstanding fees.

Amount payable

- Public Facility reinstatement fee

Please make use of one of the payment methods below to pay your 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 account
Reference:	It is recommended that your Practice number be used as a reference

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REINSTATEMENT REQUEST DECLARATION

Date:	
	Q
Practice Number:	
Y	
I, (full name and surname)	
	nstate our Practice Code. We have submitted all the required
	payment for the reinstatement of our Practice Code Number.
0	
NB: Digital signatures are not	cacceptable and may delay the processing of your reinstatement.
SIGNATURE OF APPLICANT (CEO)	DATE
CEO'S FULL NAME AND SURNAME OF SIGNATORY	

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01 July 2025

TERMS AND CONDITIONS FOR THE USE OF A PRACTICE NUMBER

Description of the state of the 1. 1.1 1.2 2. 2.1 2.2 2.2.1 2.2.1 2.2.2 2.2.3 2.2.4 cherrent constructions and usen requirements, and usen requirements of the BHFs are vella at all structure and business activities, the marketing, pricing in other policies of the BHF are vella at all and any other information which is disclosed by the BHF to the User and/or fuer stress representatives, irrespective of whether the format there of which was disclosed or using, expression bit Agreement is in fact novel, unique, patentable, copyrightable or constitutes a trade secret;
 Intelectual Property shall include trade names, trademarks, designs, know-how, copyright, goodwill, trade dress, trade secrets, and proprietary information whether or not capable of registration and whether registered or not.
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 Members shall mean medical aid schemes, as defined in the Medical Aid Schemes At, 1998, that is a member of the BHF.
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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 has already allocated a Practice Number prior to the Commencement Date, this Agreement shall commence on the Supnature Date.
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 Supnature Date.
In Respect of a User to whom the BHF has already allocated a Practice Number after the Commencement Date, this Agreement shall commence on the Supnature Date.
In Respect of a User to whom the BHF has already allocated a Practice Number after the Commencement Date, this Agreement shall commence on the Supnature Date.
In the Suprement table Commencement Date, this Agreement table Commencement Date, this Agreement.
The User may at any time terminate this Agreement by giving the other Party written notice of termination of this Agreement.
Use Or The PHACTICE NUMBER
User Shall use the Practice Rumber exclusively for purposes related to the provision of medical services, including but not limited to the submission of reimbursement claims to Members and the processing thereof in respect of services rendered by the User the Integet table to the Submission of reimbursement claims to Members, and uso there purposes an any be agreed to by the BHF in writing from time to time. 4.2 4.3 4.4 5. ret The User shall app to the BHF the Fee that can be found on the PCNS website www.pcns.co.za 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. All payments 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. The User shall apy any payment due the terms of this Agreement into the BHF's bank account, the dealis of which hall be made known to the User from time to time. Interest shall accrue on the outstanding balance of all amounts due and payable but upnaid by the User from time to time. Such interest shall be charged at the rate of interest published as being charged from time to time in the BHF's banks. The BHF's bank account is normed that be ande known to the source on the outstanding balance of all amounts due and payable but upnaid by the User from time to time. It we before the BHF's banks, whose appointment need note by proved and whose certification shall, in the abakence of manifers crow, be final and binding on the Partee, pulsa marging of the bank, whose appointment need note by proved and whose certification shall, in the abakence of manifers crow, be final and binding on the Partee, pulsa marging of the bank, whose appointment need note by the date on which payment becomes due in terms of this Agreement until the date of payment. 6. 6.1 6.2 6.3 6.4 Table allowed by last, winnerwer to use greater, transmission and the practice Number on an ad hoc basis as and when reasonably requested by the User. Support shall include telephonic support and electronic support. The BHF shall provide reasonably requested by the User. Support shall include telephonic support and electronic support. Support shall be supported and electronic support. Business Days. OBUGATION OF THE USER 7. 7.1 7.2 8. Support hall be given counting the nound to control to London the London te London to London the London te London the London te London te London the London te London the London te London te London te London te London the London te London 8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8 8.9 8.10 8.11 re-source. INFORMATION The User consents to the BHF processing all such personal information relating to the User that is necessary for the proper running and functioning of the PONS and authorizes the BHF to share such personal information with the Members and/or othe third parties, in accordance with and for such purposes allowed for by the Protection of Personal Information Act, 2013. WARRANTES Losses. PERSONAL INFORMATION The User consents to the I 10. 11. 11.1 11.2 WARAANTIES The User acknowledges that PCNS, in general, is not error-free and agrees that the existence of such errors in the PCNS does not constitute a breach of this Agreement by the BHF. Except to the extent set out elsewhere in this Agreement, the BHF gives no warranties, whether express or implied, in respect of the PCNS. Without limiting the generality of the aforesaid, it is recorded that no warranties regarding the operations, suitability for the User's environment, or fitness for any particular purpose are given by the BHF. INTLELCTULA PROPERTY 12. 12.1 12.2 12.2.1 12.2.2 12.2.3 12.3 The User hereby undertakes not to challenge the proprietorship of the BHF's Intellectual Property subsisting in the PCNS, and /or any other right, title, or interest related thereto. The User: 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 tilt to the Intellectual Property subsisting in the PCNS, except as provided for in this Agreement; shall not in any manner or respect create the representation that in thas any rights or tilt to the Intellectual Property subsisting in the PCNS. 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 shall exclusively vest in the BHF. In this respect, the User hereby cedes and assigns all such rights in may have in any such improvements and/or development to the BHF. COMFIDENTIAL INFORMATION 13. 13.1 13.2 CONFIDENTIAL INFORMATION The User adnowledges that the Confidential Information constitutes a valuable, special, and unique asset proprietary to the BHF. The User adnowledges that the Confidential Information in confidence and as secret and the User will not, without the prior written consent of the BHF or as may be permitted in terms of any other written agreement between the Parties, directly or infinitent; communicate, disclose, grant access to, as ill or trade (whether in any other name) any of the Confidential Information to any third party who is not a party to this Agreement.

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01 July 2025

13.3	he User undertakes that it will not use the Confidential Information in any manner whatsoever including, without limitation, any use with the intention or effect of depriving the BHF of any fees, consideration, profit, or other remuneration that would reasonably be expected to be derived from the use of the Confidential Information, except as allowed for in this Agreement and /or with prior specific agreement and consent being obtained from the BHF in writing, and will take all steps necessary to procure that its employees, profesional advisor, agents and consultants compositions.
13.4	The User agrees that it shall protect the Confidential Information disclosed by the BHF pursuant to the provisions of this Agreement, using the same standard of care that the User applies to safeguard its own proprietary, secret, or confidential information, which shall all teast be a reasonable standard of care, and that the Confidential information shall be schored and handled in such away as to prevent any nounthrivins discloser the three Interesting the BHF (the User becomes
	aware of any unauthorised 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.
13.5	The User undertakes not to:
13.5.1	copy, reproduce or adapt the Confidential Information in any manner or form;
13.5.2	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.
13.5.3 13.6	register any intellectual property that pertains to or is based on the Commential information or anyting similar thereto. The obligations of the User pursuant to the provisions of this Agreement shall not apply to any information that:
13.6.1	me congruons or the user pursuant to the provisions or this agreement shall not apply to any mormation that: Is disclosed by the User to satisfy an order of a court of completing function 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
13.6.1	is induced by the Over to satisfy an other or a court of completent junisdiction or to compry with the provisions of any law or regulation in order from time to time; provided that in these circumstances, the Over shall advise the over of and whatever steps it deems necessary to protect its 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	is disclosed to a third party pursuant to the prior written consent of the BHF;
14.	BREACH AND TERMINATION
14.1	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 Agrieved Party Ishall 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 fails to remedy the breach within the period specified in such notice the Aggrieved Party shall be entitled to reading the breach within the period specified in such notice the Aggrieved Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party of all of the Defaulting Party's obligations. The adoregion is without prejudice to such other rights as the Aggrieved Party may have at law.
14.2	The BHF may immediately terminate this Agreement at any time by giving written notice of such termination to the User if:
14.2.1	the User is, other than for the purposes of reconstruction or amalgamation, placed under voluntary or compulsory liquidation/sequestration (whether provisional or final) or under business rescue or under receivership or under the equivalent of any of
	the aforegoing;
14.2.2 14.2.3	a final and unappeabable judgment against the User remains unastified for a period of 10 (ten) Business Days or more after it comes to the notice of the User; the User makes any arraneement or comosition withit is creditors energined to carry on business:
14.2.3	
14.2.4	ceases to render medical services and/or becomes unauthorized to or disqualified from providing medical services.
14.3	Any termination of this Agreement pursuant to the provisions of clause 14.2 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 MAREURE
15.	FORCE MALUURE 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 hereted preventing them or any of them from the performance of any obligation hereunder (any such event hereinhafter called force Majeure) them the Party affected by such forces Majeure shall be relieved of its to biligations hereunder during the period that such force Majeure continues (stauding appartent obligations there under during the period that such force Majeure) them to biligations 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 suffer 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 up on 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 (interly) days, then either Party shall be entited forthwith to cancel this Agreement.
16.	CESSION AND DELEGATION
16.1	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.
16.2	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.
17.	ADDRESSES
17.1	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, 160 Jan Smut - Cnr. Tyrwhitt Ave, Rosebank, 2196
	Postal address: PO Box 2863, Saxonwold, 2132
	Contact No: 011 537 0200
	Email: Clientservice@bhfelobal.com
	and
	and the User
	Accessing in the PCNS.
17.2	As recorded in the Period. Any notice or communication required or permitted to be given to a 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
1/12	
	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 Domicilium
173	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 Domicilium. Any Berty may built and the provided that documents in legal proceedings in connection with this Agreement may only be served at a Party's Domicilium.
17.3	Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address to another address, telefax number, or e-mail address, provided that:
17.3.1	Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address to nother address, telefax number, or e-mail address to nother address to nother address to address its not addre
	Any Party may by written notice to the other Party, change its chosen address, stelfax number, or e-mail address to nother address, telefax number, or e-mail address to address, targetax number, or e-mail address to addr
17.3.1 17.3.2 17.4	Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address to nother address, telefax number, or e-mail address to nother address, telefax number, or e-mail address is nother address is nother address to address in a source of the notice of the notice by the address in a source of the notice by the address in a source of the notice of the notice by the address in a source of the notice of the notice by the address in a source of the notice of the notice by the address in a source of the notice of the notice by the address in a source of the notice of the notice by the address in a source of the notice of the notice by the address in a source of the notice of the notice by the address in a source of the notice by the address in a source of the notice by the address in a source of the notice by the address in a source of the notice by the address in a source of the notice by the address in address in address in address in address in address in a source of the notice by the address in addre
17.3.1 17.3.2 17.4 17.4.1	Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address to nother address, telefax number, or e-mail address to set of the change shall become effective on the 10th (tenth) Business Day after the receipt or deemed receipt of the notice by the addressee in accordance with the provisions of clause 17.4, and any notice to a Party's Contained in a correctly addressed envelope; and set office box or a poste restance. Any notice to a Party's contained in a correctly addressed envelope; and set office box or a poste restance.
17.3.1 17.3.2 17.4	Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address to nother address, telefax number, or e-mail address is nother address, telefax number, or e-mail address is nother address is nother address, telefax number, or e-mail address is nother address, telefax number, or e-mail address is nother address is nother address is nother address is nother address in south Africa, which is not a post office box or a post restante. Any notice to a Party contained in a correctly addressed newloge, end sent by prepaid registered post to it at its chosen address in clause 17.1; or delivered by hand to a responsible period unique ordinary business hours at its chosen address hours at its chosen address in shours at its chosen address in clause 17.1;
17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5	Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address to nother address, telefax number, or e-mail address to set of the change shall become effective on the 10th (tenth) Business Day after the receipt or deemed receipt of the notice by the addressee in accordance with the provisions of clause 17.4, and any notice to a Party's Contained in a correctly addressed envelope; and set office box or a poste restance. Any notice to a Party's contained in a correctly addressed envelope; and set office box or a poste restance.
17.3.1 17.3.2 17.4 17.4.1 17.4.1	Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address to nother address, telefax number, or e-mail address in somother address in somother address, telefax number, or e-mail address in somother address in somother address in somother address in somother address in a post of the notice by the address in a somother address in somother address in a post of the notice by the address in a somother address in somother address in a post office box or a post restante. Any notice to a Party contained in a correctly addressed envelope; and sent by prepaid registered post to it at its chosen address in clause 17.1; thall be deemed to have been received in the case of clause 17.4, on the fifth business Day after posting (unless the contrary is proved) and, in the case of clause 17.4.2 on the day of delivery. Any notice by telefax or -mail address at the deemed, unless the contrary is proved, to have been received on the first Business Day after the date of transmission.
17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6	Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address to nother address, telefax number, or e-mail address to solve any change in a Party's Domicilium shall only be to an address in or deemed receipt of the notice by the addresses in accordance with the provisions of clause 17.4, and any change in a Party's Domicilium shall only be to an address in South Africa, which is not a post office box or a post restante. Any notice to a Party contained in a correctly addressed envelope; and envelope and the provision of clause 17.4, and any prepaid registered post to it at its chosen address in clause 17.1; shall be deemed to have beened
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Initials ____

T 087 210 0500 | Lower Ground Floor, South Tower, 1Sixty Jan Smuts, Rosebank, 2196 | P O Box 2863, Saxonwold, 2131



A Division of the Board of Healthcare Funders

01 July 2025

DECLARATION

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

1.	Submitted all required documents certified by an impartial Commissioner of Oaths with a certification date that is not older than 6 months	
2.	Form providing details of the practice completed in block letters	
3.	Completed and signed bank verification form accompanied by a stamped bank letter not older than 3 months (mandatory)	
4.	Signed declaration that you have read the Terms and Conditions for use of a Practice Number	
5.	Completed reinstatement request declaration	
6.	By submitting this reinstatement form, you understand that the PCNS Reinstatement fee is non-refundable	

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

SIGNATURE OF APPLICANT (CEO)

DATE

CEO'S FULL NAME AND SURNAME OF SIGNATORY

T 087 210 0500 | Lower Ground Floor, South Tower, 1Sixty Jan Smuts, Rosebank, 2196 | P O Box 2863, Saxonwold, 2131