



**B·H·F**  
PRACTICE CODE  
NUMBERING SYSTEM

Lower Ground Floor, South Tower,  
1Sixty Jan Smuts, Jan Smuts Ave, cnr Tyrwhitt Ave, Rosebank, 2196  
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Tel: +27 11 537-0200 | Fax: +27 11 880-8798  
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## Practice Code Number Information Update Form

### PRACTICE DETAILS

Practice number: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Postal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Code \_\_\_\_\_ Province \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Facsimile Number (\_\_\_\_\_) \_\_\_\_\_

Practice Physical Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Code \_\_\_\_\_ Province \_\_\_\_\_

Cell Number (\_\_\_\_\_) \_\_\_\_\_

E-mail  
Address \_\_\_\_\_

### BANK DETAILS

We would like to bring to your attention that it is an obligation of medical scheme administrators to verify healthcare providers' banking details. However, since the banking details of providers of service form part of the data set contained within the PCN system, BHF will continue updating this information disseminating them to medical schemes. Providers of service are therefore advised to contact medical schemes with which they do business in order to verify their banking details.

Please ensure that the form is endorsed by the relevant bank by obtaining a bank stamp on the bottom left hand corner  
**OR**

Submit an original cancelled cheque/ Original letter from the bank confirming banking details

### DECLARATION

I, the undersigned, hereby declare that the above information is valid and correct and duly authorise the PCNS Division of the Board of Healthcare Funders of Southern Africa (BHF) to disseminate this information to participants in the system for reimbursement purposes only.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name and Surname of Signatory

SERVING MEDICAL SCHEME MEMBERS

