



# PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

## 2025 PRICING TABLE

HEALTH SERVICES APPLICATIONS	NON-REFUNDABLE APPLICATION FEES	ANNUAL RENEWAL FEE	NON-REFUNDABLE CHANGE OF PRACTICE TYPE	NON-REFUNDABLE CHANGE OF OWNERSHIP	NON-REFUNDABLE REINSTATEMENT
<b>PUBLIC FACILITY</b> PROVINCIAL AMBULANCES PUBLIC FACILITIES	R 215.00	R 203.00	R 215.00	N/A	R 215.00
<b>SOLUS PRACTICE</b> AHPCSA PROFESSIONALS HPCSA PROFESSIONALS PCDT PHARMACISTS SANC REGISTERED NURSES ONLY SOCIAL WORKERS	R 802.00	R 418.00	R 824.00 <i>Plus, any outstanding balances on existing PCN</i>	N/A	R 758.00
<b>HEALTH ESTABLISHMENTS AND DEVICES</b> DENTAL LABORATORIES DEVICE SUPPLIERS DRUG AND ALCOHOL REHAB CENTRES HOSPICES MENTAL HEALTH INSTITUTIONS PHARMACIES	R 859.00	R 418.00	N/A	R 883.00 <i>Plus, any outstanding balances on existing PCN</i>	R 796.00
<b>PARTNER</b> PARTNERSHIPS INCORPORATED ( <i>one professional only</i> ) INCORPORATED PARTNER/S ( <i>two or more partners</i> ) OPTOMETRIST BRANCHES	R 998.00	R 418.00	N/A	N/A	R 796.00
<b>INSPECTED FACILITIES</b> DAY CLINIC PHYSICAL REHAB CENTRE PRIVATE HOSPITALS SUB-ACUTE FACILITIES	R 27 296.00	R 418.00	R 28 508.00 <i>Plus, any outstanding balances on existing PCN</i>	R 28 508.00 <i>Plus, any outstanding balances on existing PCN</i>	*R 796.00 <i>Plus, any outstanding balances. Subject to re-inspection if suspended for more than 1 year. Fee payable R25 870.00</i>
<b>INSPECTED EMS</b> AMBULANCE SERVICES	R 21 611.00	R 418.00	R 25 678.00 <i>Plus, any outstanding balances on existing PCN</i>	R 25 678.00 <i>Plus, any outstanding balances on existing PCN</i>	*R 796.00 <i>Plus, any outstanding balances. Subject to re-inspection if suspended for more than 1 year. Fee payable R21 976.00</i>

*Subject to reinspection if suspended for more than 1 year.*

To view your balance or make a payment please visit our website at: <https://www.pcns.co.za/Payment/CheckBalance>

Alternatively, you can make payment onto the following banking details:

**Other bank transfers:**

Bank: NEDBANK, Branch: Rosebank, Branch Code: 197705, Account Number: 1958 5185 30

NB: Please always use the last 7 digits of your practice number as reference for renewals or Surname and Council number for new applications.

**NEDBANK account holders only.** we are a Bank Approved Beneficiary with Nedbank so in order to pay please add us as a beneficiary first by selecting:

- PCNS Renewals for existing practice numbers (**your 7-digit practice number is required as reference**) or
- PCNS New Applications for new registrations (**submit your application first and once you have received your reference number you can then make payment using the reference number as your reference**). **Please be advised that the PCNS Application Fee is non-refundable.**

**FNB clients,** we are a public registered business as PCNS, and you can use your online banking and or banking app to pay for your practice renewal.

Please be advised that if you have an existing practice number and are applying for a **change of discipline or change of ownership** that you are liable to ensure that both practice numbers are paid for. Failure to pay for the existing practice number and the correct application fee for your change of discipline or change of ownership may delay the issuing of your new practice number.

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

Company Registration No. 2001/003387/08



# PRACTICE CODE NUMBERING SYSTEM

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## 2024 PRICING TABLE

HEALTH SERVICES APPLICATIONS	NON-REFUNDABLE APPLICATION FEES	ANNUAL RENEWAL FEE	NON-REFUNDABLE CHANGE OF PRACTICE TYPE	NON-REFUNDABLE CHANGE OF OWNERSHIP	NON-REFUNDABLE REINSTATEMENT
<b>PUBLIC FACILITY</b> PROVINCIAL AMBULANCES PUBLIC FACILITIES	<b>R204.00</b>	<b>R192.00</b>	<b>R204.00</b>	<b>N/A</b>	<b>R204.00</b>
<b>SOLUS PRACTICE</b> AHPCSA PROFESSIONALS HPCSA PROFESSIONALS PCDT PHARMACISTS SANC REGISTERED NURSES ONLY SOCIAL WORKERS	<b>R761.00</b>	<b>R396.00</b>	<b>R781.00</b> <i>Plus, any outstanding balances on existing PCN</i>	<b>N/A</b>	<b>R718.00</b>
<b>HEALTH ESTABLISHMENTS AND DEVICES</b> DENTAL LABORATORIES DEVICE SUPPLIERS DRUG AND ALCOHOL REHAB CENTRES HOSPICES MENTAL HEALTH INSTITUTIONS PHARMACIES	<b>R814.00</b>	<b>R396.00</b>	<b>N/A</b>	<b>R837.00</b> <i>Plus, any outstanding balances on existing PCN</i>	<b>R754.00</b>
<b>PARTNER</b> PARTNERSHIPS INCORPORATED ( <i>one professional only</i> ) INCORPORATED PARTNER/S ( <i>two or more partners</i> ) OPTOMETRIST BRANCHES	<b>R946.00</b>	<b>R396.00</b>	<b>N/A</b>	<b>N/A</b>	<b>R754.00</b>
<b>INSPECTED FACILITIES</b> DAY CLINIC PHYSICAL REHAB CENTRE PRIVATE HOSPITALS SUB-ACUTE FACILITIES	<b>R25 875.00</b>	<b>R396.00</b>	<b>R27 022.00</b> <i>Plus, any outstanding balances on existing PCN</i>	<b>R27 022.00</b> <i>Plus, any outstanding balances on existing PCN</i>	<b>*R754.00</b> <i>Plus, any outstanding balances. Subject to re-inspection if suspended for more than 1 year. Fee payable R24 521.00</i>
<b>INSPECTED EMS</b> AMBULANCE SERVICES	<b>R20 484.00</b>	<b>R396.00</b>	<b>R24 424.00</b> <i>Plus, any outstanding balances on existing PCN</i>	<b>R24 424.00</b> <i>Plus, any outstanding balances on existing PCN</i>	<b>*R754.00</b> <i>Plus, any outstanding balances. Subject to re-inspection if suspended for more than 1 year. Fee payable R20 830.00</i>

*Subject to reinspection if suspended for more than 1 year.*

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