

# Coversheet: practice and network registration/de-registration 2024

## 1. Checklist for registration of a new practice number at Discovery Health for payment

In order to register a pharmacy practice with Discovery Health to be able to claim, please complete the documents provided on the links below and submit along with the additional documents to [Practice.Registration@discovery.co.za](mailto:Practice.Registration@discovery.co.za). Please allow for a 3 day's SLA.

Y/N	(i) BHF client information sheet (PCNS Certificate)
Y/N	(ii) Certified copy (with date not older than three months) of the South African ID document or passport document of the practitioner/owner.
Y/N	(iii) Most recent SAPC registration certificate of the pharmacy.
Y/N	(iv) VAT registration document (if applicable).
Y/N	(v) Certified copy of the authorized signatories' ID document, passport, or valid driver's license.
Y/N	(vi) A completed Healthcare professional banking details for the payment of claims available on link: <a href="#">form</a> .
Y/N	(vii) A completed Healthcare professional practice management and web access details form available on link: <a href="#">form</a> .
Y/N	(viii) A completed Discovery Health practice registration form available on link: <a href="#">form</a> .

## 2. Network registration

In order to register a pharmacy practice on Discovery Health Standard networks, please complete this document (points 2.1 – 2.4) in full and submit to [Provider\\_administration@discovery.co.za](mailto:Provider_administration@discovery.co.za). Please allow for a 3 days' SLA. Keep your reference number and supply on enquiries.

### 2.1 Pharmacy details

Pharmacy name (Or attach list)  BHF number

### 2.2 Specify the applicable scenario Yes/No Request:

(i) <b>Changing BHF – Move from:</b>			
old BHF <input type="text"/>	<input type="text"/>	• If ownership changes –require documents (i – viii)	• Add pharmacy to appropriate networks per below request. <b>Action:</b> Reminder to remove old practice number from previous networks.
to new BHF <input type="text"/>	<input type="text"/>		
(ii) First time pharmacy registration with new location and new name	<input type="text"/>	• Submit documents (i – viii). Load accordingly	<b>Action:</b> Load first time opening pharmacies onto MedXpress .
(iii) Bought over - keep existing BHF while applying for new practice number	<input type="text"/>	• Where ownership changes, submit documents (i – viii)	Keep existing bank account, then only change web access & practice manager
(iv) <b>Delinking</b> old pharmacy	<input type="text"/>	<b>Action:</b> Complete for (i) Remove old pharmacy on previous network(s). Head office may requests changes on contract-related networks. Maintain 120 days web access.	

### 2.3 Pharmacy dispensing networks:

Network	Requirement	Action	Network	De-/Register BHF	From future date/processing date
<input type="checkbox"/> Single independent pharmacy, or <input type="checkbox"/> Single pharmacy as part of an independent group			Group name where applicable. Then, follow group rules	<input type="text"/>	2 0 <input type="text"/>
i) Networks: Community, KeyCare & Delta FlexiCare	Per attached DSP <a href="#">contract</a>	<input type="checkbox"/> Link new <input type="checkbox"/> Delink old	434&992 or 662, 435, 990, 275.	<input type="text"/>	2 0 <input type="text"/>
(ii) POPIA	Per attached contract	Yes	378	<input type="checkbox"/> Delink old BHF / <input type="checkbox"/> Link new BHF	Signature date
(iii) PBR	Per attached contract	Yes/No	954	<input type="checkbox"/> Delink old BHF / <input type="checkbox"/> Link new BHF	2 0 <input type="text"/>
MedXpress DSP	No contract. - Qualify	No	400	<input type="checkbox"/> Subject to old BHF status and first time only.	Process date plus 1 day. No backdate.
HIV DSP	No contract - Qualify	No	244	<input type="checkbox"/> Subject to old BHF status only.	Process date plus 1 day. No backdate.
Netcare DSP's	On Netcare request	No	226	<input type="checkbox"/> Subject to old BHF status/on scheme request	Process date plus 1 day. No backdate.

### 2.4 Pharmacy clinic networks

Please note: If loaded on below networks it is automatically portrayed as part of marketing on the Discovery Health website as a fully functional service.

Name of network	Requirement	Contract	Register	From future date/processing date
Vitality Wellness <i>Request agreement from: <a href="mailto:vitalitypartnerrelations@discovery.co.za">vitalitypartnerrelations@discovery.co.za</a></i>	Subject to receipt of the agreement	<input type="checkbox"/> De-link old BHF <input type="checkbox"/> Link new BHF	404 <input type="text"/>	2 0 <input type="text"/>
Video Call agreement	Only Healthforce-enabled clinics per contract.	<input type="checkbox"/> De-link old BHF <input type="checkbox"/> Link new BHF Load permit holders only on receipt of permit	375 <input type="text"/>	2 0 <input type="text"/>
			376 <input type="text"/>	2 0 <input type="text"/>
PCDT Network <a href="#">handbook</a>	Permit documents	Subject to receipt of PCDT practice registration <a href="#">form</a> , copy of permit & BHF & Certified ID.	588 <input type="text"/>	2 0 <input type="text"/>
	PCDT network <a href="#">contract</a>	Only on receipt of signed pharmacy agreement	591 <input type="text"/>	2 0 <input type="text"/>
Covid-19 vaccination	No contract	<input type="checkbox"/> De-link old BHF <input type="checkbox"/> Link new BHF	519 <input type="text"/>	2 0 <input type="text"/>
Diabetes Clinic Network <a href="#">handbook</a>	1. Request per individual diabetes clinic	Subject to Diabetes Educator Agreement <a href="#">form</a> and qualifying Diabetes Educator on 562 /563.	564 <input type="text"/>	2 0 <input type="text"/>
	2. Diabetes Educator in practical training	Subject to all certified ID, Practice BHF & SANC copy, course certificate	562 <input type="text"/>	2 0 <input type="text"/>
	3. Diabetes Educator <a href="#">contract</a>		563 <input type="text"/>	2 0 <input type="text"/>

Related reference number for follow-up  Form completed by  For questions, please call me at