Request for extended supply of medicine 2021

Discovery Health Medical Scheme

Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66, **www.discovery.co.za**, PO Box 784262, Sandton, 2146,

1 Discovery Place, Sandton, 2196.

Purpose of the form

This is an application to ask for an extended supply of chronic or acute medicine. We will review this request only when you need the extra supply of chronic or acute medicine because you will be outside the borders of South Africa for longer than one month, and no longer than six months. Please note: the maximum period for extended supply of medicines we will consider is six months. We will decline requests for periods longer than six months.

If you change your plan, cancel your Scheme membership or if your membership is suspended during the period for which we have approved your extended supply of medicine, you may have to pay the costs yourself or we may need to recover the money from you. Make reference to the footnote that indicates the expiry date of the form. Download the latest version of all forms from www.discovery.co.za, under Medical Aid > Manage your health plan > Find important documents and certificates.

What you must do

- You need to apply at least **seven working days** before you travel.
- Complete one application form for each applicant.
- Fill in the form in black ink and print clearly, or complete the form digitally.
- All relevant sections must be physically signed by the main member and cannot be signed digitally. The main member must sign and date any changes.
- If the applicant is under 18, a parent or legal guardian must complete Section 1 and sign the application form. The primary applicant must complete Section 2. To avoid administration delays, please ensure this application is completed in full.
- Please email the completed and signed form to email it to chronicqueries@discovery.co.za, or submit documents on **www.discovery.co.za** under Medical Aid > Get Help > Submit a document and follow the guided steps through our Virtual Agent.

Please note

- This is an approval for funding only and does not override any legal requirements that your pharmacist must comply with.
- You will need to have a valid prescription for the requested medicine and there are some medicines where the maximum quantity that can be dispensed is a 30 day supply.
- Please also check the Customs requirements and laws of the country you are visiting before you travel to avoid any issues with travelling with your medicine.

1. Main member's details

Title | Initials

Surname

First name(s) (as per identity document)

Name of applicant | Membership number

ID number | Relationship to main member

Telephone (H) -

Telephone (W) -

Cellphone -

Email

Date of departure D D - M M - Y Y Y Y

Date of return D D - M M - Y Y Y Y

Destination

We will communicate information to you using the email address provided.

2. Medicine requested

Please include the medicine details in the table below. Enter only one medicine per line.

	Medicine name	NAPPI code	Quantity	Chronic or acute
Medicine 1				
Medicine 2				
Medicine 3				
Medicine 4				
Medicine 5				
Medicine 6				
Medicine 7				
Medicine 8				
Medicine 9				
Medicine 10				

3. About the provider

Healthcare professional

BHF practice number

Pharmacy name

Pharmacy practice number

Telephone -

Contact person

Signed at (town or city) on D D - M M - Y Y Y Y

Signature of main member
(or legal guardian, if applicable)

Please only sign if information is true, complete and correct.