

Discovery Health practice number registration form for pharmacies rendering diabetes educator services



Contact us

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Purpose of the form

The purpose of this form is to register a pharmacy **employed professional with their own practice number** to an **existing pharmacy practice** with Discovery Health. This is so that the professional can render clinic services to Discovery Health Medical Scheme members.

What you must do

The employer representative must complete this form in full and email the completed form – together with the relevant supporting documents of the employed professional (see checklist below) – to Provider_Administration@discovery.co.za.

Checklist of supporting documents we need for the employed professional to register their practice number

1. Registration of employed professional's practice number

Checklist

Completed Discovery Health practice number registration form for pharmacies for DE services

Yes No

Certified copy of professional's latest South African ID or passport in the employer's possession

Yes No

BHF number: Submit a copy of the professional's Practice Code Numbering System (PCNS) certificate

Yes No

2. Registration of a diabetes educator in training on network 562

All documents as above in point 1, plus:

Yes No

Copy of course certificate

Yes No

3. Registration of a diabetes educator on network 563

All documents as above in point 1 and 2, plus:

Activity *record*

Yes No

Mentorship *form*

Yes No

OR

Where the professional did the training course more than two years ago, please submit a motivation detailing the service years at various employers, work descriptions and tasks to prove experience

Yes No

1. Pharmacy clinic practice details

I want to register the professional's practice number as being employed by:

Name of employer/owner/company

Company number / ID number

Pharmacy practice to be registered on **network 564**

Pharmacy practice name

Pharmacy practice number

Practice physical address

 Code

Phone number for the pharmacy clinic

2. Contact details for the healthcare professionals working in the pharmacy clinic

Please supply the employed professional's practice numbers associated with this pharmacy practice.

Professional practice number ID number

Email

Professional practice number

Email

Professional practice number

Email

3. Terms and conditions

By completing this application form, you agree as a representative of the employer's pharmacy practice that the pharmacy takes responsibility for the actions of the professional in your employment as set out in the signed agreement between Discovery Health and the employer for the diabetes educator service signed in the year 2 0

The professional's engagement (as your employee) with members and the Scheme is regulated by:

- The Medical Schemes Act
- Applicable Scheme rules
- All ethical guidelines, professional registration and conduct requirements including, if applicable, any societal guidelines the Scheme approved or adopted.

The professionals understand that if they (in addition to the above employer's registration of a **practice number**) also practice in their personal capacity at a private nurse practice on a part-time or full-time basis, they need to register their own **practice** at Discovery Health for payment purposes. They can do this by submitting a *Discovery Health practice registration form* in their personal capacity and provide the required additional information and bank account forms .

4. Details of employer or pharmacy practice representative completing the form

By completing this form, you acknowledge that the information supplied is true and correct.

Name

Telephone Email address

Signature Date

Useful website links about the diabetes educator service

- [Diabetes educator handbook](#)
- [Diabetes pathology laboratory request form](#)
- [Diabetic foot screening form](#)