Contact us
Tel: 0800 226 5633 (0800 BANKMED) • Private Bag X2, Rivonia, 2128 • www.bankmed.co.za

Request for extended supply of medication 2019

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

Purpose of the form

This is an application for members on the Bankmed Essential or Basic Plans to request an advanced supply of chronic medication and for members on all Bankmed Plans to request an advance supply of HIV or Oncology medication.

We will review this request only when you need the extra supply of chronic, HIV or Oncology medicine because you will be outside the borders of South Africa for longer than one month, or up to and no longer than six months. Please note: extended medicine supply will only be considered up to a maximum period of six months.

Should you change to a Plan with lesser benefits or you cancel your Scheme membership or should your membership be suspended during the period for which we have approved your advance supply of medication, you may have to pay the costs yourself or we may need to recover the money from you.

How to complete this form

1. You need to apply at least seven working days before you travel
2. Kindly use one letter per block, complete with black ink and print clearly
3. To avoid administrative delays, kindly ensure this form is completed in full
4. Kindly submit a copy of your travel ticket or itinerary with this application
5. Complete one application form for each patient
6. Kindly e-mail this completed and signed form to **chronicbasicessential@bankmed.co.za** or fax it to 011 539 7000 for Chronic, HIV, or Oncology requests.
7. If the applicant is under 18, a parent or legal guardian must complete Section 1 and sign the application form.
8. The primary applicant must complete Section 2.

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. About the main member and patient

Title | Initials | Surname

First name/s
(as in identity book)

Name of patient

Membership number

ID number | Relationship to main member

Telephone (H) | (W)

Cellphone | Fax

E-mail address

Date of departure 2 0 Y Y M M D D | Date of return 2 0 Y Y M M D D

Destination

Preferred method of communication E-mail ☐ Fax ☐

I give consent to Bankmed Medical Scheme and Discovery Health (Pty) Ltd to use the above communication channel for all future communication.

Patient's signature
(if patient is a minor, main member to sign)

2. Medicine requested

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

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

3. About the provider

Healthcare professional

Pharmacy name

Pharmacy practice number

Telephone

Fax

Contact person