

Request for extended supply of medication 2020

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 medication 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 medication 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 Bankmed 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 **chronicbasicsessential@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 medication and there are some medication 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 medication.

1. About the Principal Member and patient

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name/s (as per identity book)	<input type="text"/>				
Name of patient	<input type="text"/>				
Membership number	<input type="text"/>				
Identity number	<input type="text"/>	Relationship to Principal Member	<input type="text"/>		
Telephone (H)	<input type="text"/>	(W)	<input type="text"/>		
Cellphone	<input type="text"/>	Fax	<input type="text"/>		
E-mail address	<input type="text"/>				
Date of departure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Y	Y	Y	Y	M
					M
					D
					D
Date of return	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Y	Y	Y	Y	M
					M
					D
					D

Destination

Preferred method of communication E-mail Fax

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

Patient's signature

(if patient is a minor, Principal Member to sign)

2. Medication requested

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

	Medication name	Chronic or Acute	NAPPI code	Quantity
Medication 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication 9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. About the Healthcare Professional

Healthcare Professional

Pharmacy name

Pharmacy practice number

Telephone

Fax

Contact person