

Request for extended supply of medicine 2017



Broker House Name: Aon South Africa (Pty) Ltd

Broker House Code: 1004785125

Broker Code: 1020031108

Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za

Who we are

The Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme. This is a non-profit organisation, registered with the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

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, or up to 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 to a plan with a smaller Chronic Illness Benefit or you cancel your Scheme membership or your membership is suspended during the period for which we have approved your extended supply of medicine, you will have to pay the costs yourself or we may need to recover the money from you.

Follow these steps to help us process your application:

- You need to apply at least **seven working days** before you travel.
- Complete with black ink and print clearly.
- To avoid administration delays, please ensure this application is completed accurately and in full.
- Complete one application form for each patient.
- Please fax the completed and signed form to **011 539 7004** or email it to **chronicqueries@discovery.co.za**
- 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.
- Both the applicant and the parent or legal guardian (if applicable) must sign the application form.

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) _____ Telephone (W) _____

Cellphone _____ Fax _____

Email _____

Date of departure

Y	Y	Y	Y	M	M	D	D
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 Date of return

Y	Y	Y	Y	M	M	D	D
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Destination _____

Preferred means of communication Email Fax

2. Medicine requested

Please insert the chronic medicine or acute medicine details in the applicable section 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 _____

Signed at (town or city) _____ on

Y	Y	Y	Y	M	M	D	D
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Signature of main member _____

Signature of patient or legal guardian, if applicable _____ Date

Y	Y	Y	Y	M	M	D	D
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Contact us on: **0860 tel arc / 0860 835 272**, P.O. Box 1874, Parklands, 2121, www.aon.co.za
 FSB number: 20555; CMS number: ORG895

Acknowledgement of appointment

I hereby authorise Aon South Africa (Pty) Ltd to be my duly appointed Broker with immediate effect.

My ID and membership number

I have also been informed of the commission due to Aon, payable by the medical scheme as part of my monthly contribution, is 3% of the contribution to a maximum of R85.00 excl. Vat per month. I have further been issued with a Statutory Notice and Section 13 certificate.

Signed at (town or city) on yy/mm/dd

Signature

Permission to make certain information available to Aon South Africa (Pty) Ltd

I give consent for the disclosure of information about me.

Membership number
 Medical Scheme Aon Broker Code
 Title Initials Surname
 First name(s) (as per identity document)
 ID or passport number

To clarify this, the following information will be made available:

Personal examples	Benefit examples	Financial examples	Medical examples
Membership number Date of birth ID number Postal and e-mail Address Contact details Physical address Telephone numbers	Plan type Medical Savings Account amounts available Medical Savings Account choice Scheme Rate or Cost Current Medical Savings Account spent Limits Waiting period: details Wellness benefits Self-payment Gap Above Threshold Benefit	Tax certificate and tax reports Banking details Total contribution and breakdown	Chronic indicator Chronic condition PMB Chronic condition details Confirmation of claims paid (excluding amount and paid from where) Claims transaction history Hospital procedures Procedures codes Procedures done in doctor's rooms paid from Hospital Benefit

I hereby also authorise Aon South Africa (Pty) Ltd to provide me with any products that they consider appropriate to me.

Yes No

Signed at (town or city) on yy/mm/dd

Signature