

Discovery Health: Courier pharmacies

This form is for your appointment as a preferred provider.

Please complete and fax the form to 011 539 2784 or email to provider_administration@discovery.co.za

Pharmacy owner details		
ID number of owner		
Pharmacy details		Pharmacy
Name of practice/pharmacy		
BHF billing practice number		
Physical address		
Building name and number		
Street number		
Street name		
Suburb		
Province		
Postal code		
Postal address		
PO Box		
Suburb		
City		
Postal code		
Contact details		
Telephone number		
Fax number		
Email address for claims communication		
<p>Provisions for participation: <i>(the pharmacies described above will jointly hereinafter be referred to as the "pharmacy")</i></p> <ul style="list-style-type: none"> The pharmacy agrees to join the preferred provider networks at the rates described below for SEP products. Non-SEP (unregistered, Schedule 0 and surgical) rates will remain at 36% capped at R59.40 (VAT incl.) for all plans. The pharmacy agrees that it will not charge members of the medical schemes administered by Discovery Health (Pty) Ltd and their registered dependants, fees that are higher than the rates described below and agreed to by the pharmacy. The pharmacy undertakes not to bill members for administration fees. All the rates below apply to the dispensing of medicine regardless whether paid from chronic or acute benefits. The pharmacy undertakes to give preference to generic items on Discovery Health's Chronic Illness Benefit formulary when dispensing long term medicine. The pharmacy confirms that the pharmacy described above is a courier pharmacy. I agree to Discovery Health making the details set out in this form available on www.discovery.co.za and to call centre consultants who will communicate these details to members as and when requested. The pharmacy takes responsibility to arrange the chosen rates with the appropriate software vendor. 		
<p>Available preferred provider network rates for courier pharmacies</p> <p>Available network rate for the balance of plans (excluding KeyCare plans and Delta option plans):</p> <ul style="list-style-type: none"> Discounted network: 26%R26 29.64% capped R29.64 including VAT <p>Please note:</p> <ul style="list-style-type: none"> No participation allowed as KeyCare has an existing exclusive courier arrangement No participation allowed as Delta network options has an existing exclusive courier arrangement 		<p><i>Office use</i></p> <p>700</p>
<p>Effective date</p> <p>2 0 Y Y M M D D</p>	<p>Date signed</p> <p>2 0 Y Y M M D D</p>	<p>Your signature</p>
<p><i>The pharmacy and all healthcare providers agree to take part in the Discovery Health preferred provider pharmacy network described in this application form. Should the pharmacy or Discovery Health (Pty) Ltd wish to terminate or change this agreement, the parties will be required to give each other 10 working days written notice. Please send termination/change request with BHF practice number to: provider_administration@discovery.co.za</i></p>		