

Discovery Health

Application form: Preferred provider network for courier pharmacies

Please complete and fax the form to 011 539 2784.

Owner details				
ID number of owner				
Pharmacy details	Courier Pharmacy 1	Courier Pharmacy 2	Courier Pharmacy 3	
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				
Provisions for participation: (the pharmacies described above will jointly hereinafter be referred to as the "pharmacy")				

- The pharmacy agrees to join the preferred provider networks at the rates described below for SEP products.
- Non-SEP and surgical rates will remain at 36% capped 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 on by the pharmacy. The pharmacy undertakes not to bill members for any other services or costs.
- The rate below apply to the dispensing of both chronic and acute medicine
- The practice undertakes to give preference to generic items on Discovery Health Chronic Illness Benefit formulary when dispensing chronic medicine.
- I agree to Discovery Health making the details set out in this form available on <u>www.discovery.co.za</u> and to call centre consultants who will communicate these details to members as and when requested.
- The pharmacy takes responsibility to arrange the chosen rate with the appropriate software vendor.

Available preferred provider network rates for courier pharmacies					
Available network rate for the balance of plans (excluding KeyCare plans and Delta option plans):					
• Discounted network: 26%R26	 Discounted network: 26%R26 29.64% capped R29.64 including VAT 				
 Please note: No participation allowed as KeyCare has an existing exclusive courier arrangement No participation allowed as Delta network options has an existing exclusive courier arrangement 					
Effective date	Date signed				
2 0 0 1 0 1 0 1	2 0 Y Y M M D D	Your signature			

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 wish to terminate or change this agreement, the practice will be required to give Discovery Health 10 working days written notice. Please send termination/change request and BHF number to: <u>provider administration@discovery.co.za</u>