

Discovery Health: Independent pharmacies

This form is for your appointment as a preferred provider for the community pharmacy network.

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

Pharmacy owner details			
ID number of owner			
Pharmacy details	Pharmacy 1	Pharmacy 2	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 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 medicines regardless whether paid from the acute or chronic benefit.
- The pharmacy undertakes to give preference to generic items on Discovery Health's Chronic Illness Benefit formulary when dispensing chronic medicine.
- The pharmacy confirms that all the pharmacies described above are, independently owned by individuals, stock keeping pharmacies, situated nearby or within the community that is served where the majority of members visit the pharmacy to discuss their medicine needs and receive their prescribed medicines.
- The pharmacy confirms that all pharmacies described above are not courier pharmacies.
- 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.

		Available preferred provider network rates for independent community pharmacies <i>Join by subscribing to the networks at the rates for independent community pharmacies.</i>	Office use
1		1. KeyCare Plans: 16%/R16 18.24% capped at R18.24 with a R7.00 floor price (VAT incl.)	435
2	<input checked="" type="checkbox"/>	2. Delta network options: 26%/R26 29.64% capped at R29.64 (VAT incl.) Medicines paid from acute benefit only.	990
		Rates for the balance of plans excluding KeyCare and Delta option plans <i>(Please tick one of the two options either 3 or 4)</i>	
3		3. Community pharmacy network rate of: 36% capped at R59.40 (VAT incl.)	434
4		4. Discounted network: 27%/R27 30.78% capped at R30.78 (VAT incl.)	662

Effective date	Date signed	Your signature
2 0 Y Y M M D D	2 0 Y Y M M D D	

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

