

Discovery Health

Application form: Preferred provider network for independent community pharmacies

Please complete and fax the form to	o 011 539 2784.		
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) The pharmacy agrees to join the preferred Non-SEP and surgical rates will remain at the pharmacy agrees that it will not charmacy agrees that it will not charmacy agrees that it will not charmacy agrees that are high undertakes not to bill members for any of the dispension. All the rates below apply to the dispension. The practice undertakes to give prefere chronic medicine. The pharmacy confirms that all the pharmacy within the community that is served we receive their prescribed medicines. The pharmacy confirms that all of the about agree to Discovery Health making the dispension who will communicate these details to mean the pharmacy takes responsibility to arrange agree to Discovery the preferred provider in the pharmacy takes responsibility to arrange agree to Discovery the preferred provider in the pharmacy takes responsibility to arrange agree to Discovery the pharmacy takes responsibility to arrange agree to Discovery the pharmacy takes responsibility to arrange agree to Discovery the pharmacy takes responsibility to arrange agree to Discovery the pharmacy takes responsibility to arrange agree to Discovery the pharmacy takes responsibility to arrange agree to Discovery the pharmacy takes responsibility to arrange agree to Discovery the pharmacy takes responsibility to arrange agree to Discovery the pharmacy takes the pharmacy t	ed provider networks at the t 36% capped R59.40 (VAT in the reference of the medical her than the rates describe other services or costs. In go f both chronic and acut ence to generic items on Demacies described above are where the majority of memion over pharmacies are not colletails set out in this form a members as and when requiange the chosen rates with	e rates described below for Sincl.) for all plans. al schemes administered by I d below and agreed on by the te medicine iscovery Health Chronic Illne e independently owned, stock bers visit the pharmacy to di urier pharmacies vailable on www.discovery.ce ested. the appropriate software ve	Discovery Health (Pty) Ltd and their ne pharmacy. The pharmacy ess Benefit formulary when dispensing ck keeping pharmacies, situated nearby iscuss their medicine needs and co.za and to call centre consultants endor.
Join the Discovery Health netw 1. KeyCare Plans: 16%R1 2. Delta network options Rates for the balance of plans 3. Community pharmacy 4. Discounted network: 2	works by subscribing to the LG S: 26%R26 S: excluding KeyCare and De y network rate of: 26%R26	18.24% capped at R18.24 29.964% capped at R29.64	ndependent community pharmacies. with a R7.00 floor price (VAT incl.) 4 (VAT incl.) to one of the two options either 3 or 4) AT incl.)
Effective date Date	e signed	Vour 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: provider administration@discovery.co.za