Request for extended supply of medicine 2021

MALCOR
MEDICAL AID SCHEME
Administered by Discovery Health

Contact details
Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • www.malcormedicalaid.co.za

Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Purpose of the form

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, cancel your Scheme membership or if your membership is suspended during the period for which we have approved your extended supply of medicine, you may have to pay the costs yourself or we may need to recover the money from you.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. You need to apply at least 7 working days before you travel.
3. Complete one application form for each patient.
4. If the applicant is under 18, a parent or legal guardian must complete Section 1 and sign the application form.
5. The primary applicant must complete Section 2.
6. To avoid administrative delays, please ensure this form is completed in full.
7. Please fax this completed and signed form to 011 539 7004 or email it to chronicqueries@malcormedicalaid.co.za

Please note

This is an approval for funding only and does not override any legal requirements that your pharmacist must comply with. You will need to have a valid prescription for the requested medicine and there are some medicines where the maximum quantity that can be dispensed is a 30 day supply.

Please also check the Customs requirements and laws of the country you are visiting before you travel to avoid any issues with travelling with your medicine.

1. About the main member and patient

Main member name and surname

Patient name and surname

Membership number

ID number

Relationship to main member

Telephone (H)

(W)

Cellphone

Fax

E-mail address

Date of departure Y Y Y Y M M D D

Date of return Y Y Y Y M M D D

Destination

Preferred method of communication

Email ☐ Fax ☐

I give consent to Malcor Medical Aid Scheme and Discovery Health (Pty) Ltd to use the above communication channel for all future communication.

MALRES001

Patient's signature
(if patient is a minor, main member to sign)

2. Medication requested

Please include the medication details in the table below. Enter only one medicine per line.

	Medication name	Chronic or Acute	NAPPI code	Quantity
Medication 1				
Medication 2				
Medication 3				
Medication 4				
Medication 5				
Medication 6				
Medication 7				
Medication 8				
Medication 9				

3. About the provider

Healthcare Professional

Pharmacy name

Pharmacy practice number

Telephone

Fax

Contact person