

Contact detailsTel: 0800 001 615 • PO Box 652509, Benmore 2010 • www.engenmed.co.za

Request for extended supply of medicine

Contact us

Members, please call: **0800 001 615**, Health partners, please call: **0860 44 55 66**, find information at www.engenmed.co.za or write to us at PO Box 784262, Sandton, 2146,

1 Discovery Place, Sandton, 2196.

Who we are

Engen Medical Benefit Fund (referred to as 'EMBF'), registration number 1572, is a medical scheme registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company, an authorised financial services provider and is responsible for the administration of your membership on behalf of the Fund.

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 an extended supply of medicines we will consider is six months. We will decline requests for periods longer than six months.

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

What you must do

1. You need to apply at least seven working days before you travel.
2. Complete one application form for each applicant.
3. Fill in the form in black ink and print clearly, or complete the form digitally.
4. All relevant sections must be signed by the patient. The patient must sign and date any changes.
5. If the applicant is under 18, a parent or legal guardian must complete the application form on their behalf. To avoid administration delays, please ensure this application is completed in full.
6. Please return the completed form to chronicqueries@engenmed.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 when travelling with your medicine.

1. Main member details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's name	<input type="text"/>
Member's surname	<input type="text"/>

2. About the patient

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
ID or passport number	<input type="text"/>		
Relationship to main member	<input type="text"/>		

Telephone (H) Telephone (W)

Cellphone

E-mail

Date of departure Date of return

Destination

I give consent to the Fund and the administrator to use the above communication channel for all future communication

Patient's signature Date

(if patient is a minor, main member to sign)

3. Medicine requested

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

	Medicine name	NAPPI code	Quantity	Beneficiary name
Medicine 1				
Medicine 2				
Medicine 3				
Medicine 4				
Medicine 5				
Medicine 6				
Medicine 7				
Medicine 8				
Medicine 9				

Signed at (town or city) Date

Patient signature
(or legal guardian, if applicable)

 Please only sign if information is true, complete and correct.