Request for extended supply of medicine

Contact details
Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

Who we are

Remedi Medical Aid Scheme (referred to as 'the Scheme'), registration number 1430. This 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.

Contact us

Tel (members): 0860 11 61 16, Tel (health partners): 0860 44 55 66, **www.yourremedi.co.za**, PO Box 784262, Sandton, 2146,
1 Discovery Place, Sandton, 2196

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 traveling 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 benefit option 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

- You need to apply at least seven working days before you travel.
- Complete one application form for each applicant
- Fill in the form in black ink and print clearly, or complete the form digitally
- All relevant sections must be signed by the patient. The patient must sign and date any changes.
- 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.
- Please email the completed form to **chronicqueries@yourremedi.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. Main member details

Membership number

ID or passport number

Member's surname

Member's name

2. Patient details

Title | Initials

First name(s)

Surname

Membership number | ID or passport number

Telephone (H) | Telephone (W)

Cellphone

Email

Relationship to main member

Date of departure D D M M Y Y Y Y

Date of return D D M M Y Y Y Y

Destination

3. Medicine requested

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

	Medicine name	Chronic or Acute
Medicine 1		
Medicine 2		
Medicine 3		
Medicine 4		
Medicine 5		
Medicine 6		
Medicine 7		
Medicine 8		
Medicine 9		

Patient's signature

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

Date D D M M Y Y Y Y