

Request for extended supply of medicine



Contact details

Tel: 0800 12 CARE (2273) • P.O. Box 653418, Benmore, 2010 • www.libcare.co.za

Who we are

The Libcare Medical Aid Scheme (referred to as 'the Scheme'), registration number 1197, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Liberty Health Administration (Pty) Ltd, registration number 2004/006809/07 is a separate company, an authorised financial services provider, is responsible for the administration of your membership on behalf of 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 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 Scheme 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.

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. If the applicant is under 18, a parent or legal guardian must complete Section 1 and sign the application form.
4. The primary applicant must complete Section 2.
5. To avoid administrative delays, please ensure this form is completed in full.
6. Please email the completed and signed form to chronicmed@libcare.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 Principal member and patient

Principal member name and surname	<input type="text"/>														
Patient name and surname	<input type="text"/>														
Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Principal member	<input type="text"/>														
Telephone (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>														
Date of departure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of return	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Destination	<input type="text"/>														

We will communicate information to you using the email address provided.

LIBRES001

2. Medicine requested

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

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

3. About the provider

Healthcare professional

Practice number

Pharmacy name

Pharmacy practice number

Telephone

Contact person

Signed at (town or city) Date

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