Request for extended supply of chronic medicine

Libcare

Contact us
Tel: 0800 12 CARE (2273) • PO Box 653418, Benmore 2010 • www.libcare.co.za

Libcare Medical Scheme (referred to as Libcare or the Scheme), registration number 1197, is a not-for-profit entity, registered with the Council for Medical Schemes as a closed membership scheme which provides cover for eligible full-time permanent staff members and eligible retirees of the Liberty Group, and their eligible dependants.

Discovery Administration Services (referred to as the Administrator), registration number 2004/006809/07, is a separate company to Libcare, and is accredited by the Council for Medical Schemes to provide administration services to medical schemes, including Libcare and its members.

Purpose of the form

This is an application to ask for an extended supply of chronic medicine.

We will review this request only when you or your dependant/s travel outside the borders of South Africa or on holidays out of town for longer than one month.

Please note: the maximum period for an extended supply of medicines we will consider is two additional months for pensioner members and one additional month for all other members.

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 print clearly using CAPITAL letters and one character per block.
2. You need to apply at least 14 working days before departure.
3. To avoid administrative delays, please ensure this form is completed in full.
4. 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. Details of Principal Member

Principal Member name and surname

Membership number

SA ID/Passport number

Telephone (H) Telephone (W)

Cellphone

E-mail address

Is the Principal Member a pensioner Yes ☐ No ☐

Is the Principal Member traveling Yes ☐ No ☐

If Yes, please complete the below section

Date of departure D D M M Y Y Y Y Date of return D D M M Y Y Y Y

Destination

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

2. Details of Dependant

Dependant name and surname

SA ID/Passport number

Relationship to Principal Member

Telephone (H) Telephone (W)

Cellphone

E-mail address

Is the Dependant a pensioner Yes No

Date of departure D D M M Y Y Y Y Date of return D D M M Y Y Y Y

Destination

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

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 D D M M Y Y Y Y

Patient signature
(or legal guardian, if applicable)

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

About the Provider

Doctor

Practice number

Pharmacy name

Pharmacy practice number

Telephone number

Contact person

Signed at (town or city) Date D D M M Y Y Y Y

Principal Member's signature