mediscor pbm
Pharmaceutical Benefit Management

REQUEST FOR EXTENDED SUPPLY OF MEDICATION

This form is used to apply for a sufficient supply of medicine for a maximum period of three months, should you be traveling outside the borders of South Africa.

Please Note: Should you leave your Medical Scheme within the authorisation period for extended medicine, you will be billed for the remaining months.

HOW TO COMPLETE THIS APPLICATION

- One application form is to be completed per patient.
- Please attach your air ticket to this document. If you travel by road across borders, we will require your itinerary. We are unable to process your request without either your air ticket or itinerary.
- Please complete all sections of the application in full and e-mail it with your air ticket or itinerary to advancesupply@mediscor.co.za. Incomplete applications will result in administrative delays.
- If we do not contact you within 2 working days from when you return this form, please call us on 0860 119 553.

ABOUT THE PRINCIPAL MEMBER AND PATIENT

Principal member name and surname:			
Membership number:		Telephone (H):	
Telephone (W):		Fax:	
Cellular:		E-mail:	
Patient:		Date of birth:	
Date of departure:		Date of return:	
Preferred means of communicating your confidential information:	E-mail: ☐	Fax: ☐	

ABOUT YOUR APPROVED CHRONIC MEDICINE REQUEST

Medicine 1:	
Medicine 2:	
Medicine 3:	
Medicine 4:	
Medicine 5:	
Medicine 6:	
Medicine 7:	

PHARMACY DETAILS

Pharmacy name:			
Practice number:		Contact person:	
Telephone:		Fax:	
Collection date:			

Principal Member Signature | **Date:**