## Independent pharmacy

1.

## Coversheet: practice and network registration/de-registration 2025

## Checklist for registration of a new practice number at Discovery Health for payment

In order to register a pharmacy practice with Discovery Health to be able to claim, please complete the documents provided on the links below and submit along with the additional documents to Practice\_Registration@discovery.co.za. Please allow for a 3 day's SLA.

Y/N (i	) BHF client informat	tion sheet(PCI	NS Certificate)											
Y/N (i	i) Certified copy (with	date not older t	han three mon	nths) of the South African ID de	ocument or pass	port do	cumei	<i>nt</i> of th	ne pra	ctitio	oner/o	owner	<i>.</i>	
Y/N (i	ii) Most recent SAPC r	registration cer	tificate of the	pharmacy.										
Y/N (i	v) VAT registration do	ocument (if app	licable).											
Y/N (v	<ul> <li>Certified copy of th</li> </ul>	e authorized s	ignatories' ID	document, passport, or valid	driver's license									
Y/N (\	i) A completed Healt	hcare profess	ional banking	details for the payment of	claims availab	le on li	nk: <mark>f</mark> o	orm.						
Y/N (v	vii) A completed Healt	hcare profess	ional practice	e management and web acc	ess details forr	n availa	able c	n link	: form	ı.				
Y/N (v	viii) A completed Disco	overy Health p	ractice registi	ration form available on linl	: form.									
2. Networl	k registration													
	-								, .		<b>.</b> .			
•	• •	-		, please complete  this docume lease allow for a 3 days' SLA. K			•					-	ealth i	DSP
0		mstrution@uist	<u>.0very.co.zu.</u> Pi	euse unow jor u 5 uuys SLA. K	eep your rejeren	ce num	uer ur	iu supj	piy on	enqu	iii ies.			
2.1 Pharmac	-													
Pharmacy name (Or attach list)	e				BHF number									
					namber								-	
2.2 Specify th (i) Changing Bl	e applicable scenar	10	Yes/No	•										
				<ul> <li>If ownership clipation</li> </ul>	anges –require	docume	nts (i	– VIII) C	and co	ntrac	t for	netwo	rĸ	
old BHF			Y/N	Add pharmacy t	o appropriate n	etworks	per b	elow re	equest					
to <b>new</b> BHF				Action: Reminder to ren	nove old practice	e numbe	er fror	n previ	ious ne	etwor	rks.			
(ii) <b>First</b> time pha new name	armacy registration with	n new location	and Y/N	• Submit docume Action: Load first time				edXpre	ess wh	ere c	ontro	acted.		
	keep existing BHF whi	ile applying for	new	Where ownersh										
practice numb			Y/N	Keep existing bo	nk account, the	n only cl	hange	web a	ccess	& pro	actice	man	ager	
(iv) Delinking old	d pharmacy		Y/N	Action: Complete for (i) web Access and allow		5					Main	ntain 1	20 daj	ys
2.3 Pharmac	y dispensing netwo	orks:		Puters and anot		12 1200	UV.5 17		iuie ne		•			
Network	Requirement	Action	Network	De-/Register BHF			Fre	om fu	ture	date	/nro	ressi	ing da	əte
	Requirement	Action	Network	De-/Register BHF			Fre	om fu	ture	date	/pro	cessi	ing da	ate
Single independe	•	Action	Network	De-/Register BHF		2	Fre 0	om fu	Y	M	e/pro M	ocessi	ing da	ate
Single independe	•	Action	434 & 992 o			2		om fu	Y Y	M M	M	ocessi	ing da	ate
Single independe i) Networks: Community, KeyCare &	nt pharmacy		434 & 992 o 662 435,			2	0	om fu	Y 7	M M M	M M M			ate
Single independe i) Networks: Community,	nt pharmacy		434 & 992 o 662				0	Y Y Y	Y Y Y Y	M	M	D		ate
Single independe i) Networks: Community, KeyCare & Delta FlexiCare	nt pharmacy	□ Link new	434 & 992 o 662 435, 990,		v BHF	2 2	0	Y Y Y	<b>тиге (</b> У У У	M	M	D		ate ] ] ]
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA	nt pharmacy DSP <u>ogreement</u>	□ Link new □ Delink old	434 & 992 o 662 435, 990, 275.			2 2	0 0 0	Y Y Y	Y         Y           Y         Y           Y         Y           Y         Y	M	M	D		ate ] ] ] ]
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR	nt pharmacy DSP <u>agreement</u> Per attached contract	<ul> <li>Link new</li> <li>Delink old</li> <li>Yes</li> </ul>	434 & 992 o 662 435, 990, 275. 378	T T T T T T T T T T T T T T T T T T T	v BHF	2 2 Sign 2	0 0 ature 0	Y Y Y	Y Y Y Y	M M M	M M M M	D	D	
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP	nt pharmacy DSP <u>agreement</u> Per attached contract Per attached contract No contract Qualify No contract - Qualify	<ul> <li>Link new</li> <li>Delink old</li> <li>Yes</li> <li>Yes/No</li> <li>No</li> <li>No</li> </ul>	434 & 992 o 662 435, 990, 275. 378 954 400 244	Delink old BHF / □ Link nev □ Delink old BHF / □ Link nev □ Delink old BHF / □ Link nev □ Subject to old BHF status c □ Subject to old BHF status c	v BHF nd first time op nly.	2 2 Sign 2 ening.	0 0 ature 0 Pr Pr	Y       Y       date       Y       occess coccess coc	Y Y Y date pl	M M M	M M M day. I	D D No ba No ba	ckdate	
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's	nt pharmacy DSP <u>agreement</u> Per attached contract Per attached contract No contract Qualify No contract - Qualify On Netcare request	<ul> <li>Link new</li> <li>Delink old</li> <li>Yes</li> <li>Yes/No</li> <li>No</li> </ul>	434 & 992 o 662 435, 990, 275. 378 954 400	Delink old BHF / □ Link nev □ Delink old BHF / □ Link nev	v BHF nd first time op nly.	2 2 Sign 2 ening.	0 0 ature 0 Pr Pr	Y       Y       date       Y       occess of	Y Y Y date pl	M M M	M M M day. I	D D No ba No ba	ckdate	
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's <b>2.4 Pharmac</b>	nt pharmacy DSP <u>agreement</u> Per attached contract Per attached contract No contract Qualify No contract - Qualify On Netcare request cy clinic networks	□ Link new □ Delink old Yes Yes/No No No No	434 & 992 o 662 435, 990, 275. 378 954 400 244 226	Delink old BHF / Link new Delink old BHF / Link new Delink old BHF / Link new Subject to old BHF status c Subject to old BHF status/c	v BHF nd first time op nly. n scheme reque	2 2 Sign 2 ening. sst	0 0 ature 0 Pr Pr Pr Pr	Y       Y       Y       date       Y       ocess c       ocess c       ocess c	Y Y Y date pl date pl date pl	M M M Ius 1 Ius 1 Ius 1	M M M day. I day. I day. I	D D No ba No ba	ckdate	
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's <b>2.4 Pharmac</b>	nt pharmacy DSP <u>agreement</u> Per attached contract Per attached contract No contract Qualify No contract - Qualify On Netcare request cy clinic networks	□ Link new □ Delink old Yes Yes/No No No No	434 & 992 o 662 435, 990, 275. 378 954 400 244 226	Delink old BHF / □ Link nev □ Delink old BHF / □ Link nev □ Delink old BHF / □ Link nev □ Subject to old BHF status c □ Subject to old BHF status c	v BHF nd first time op nly. n scheme reque	2 2 Sign 2 ening. st	0 0 ature 0 Pr Pr Pr Pr	Y       Y       Y       date       Y       ocess c       ocess c       ocess c	Y Y Y date pl date pl date pl	M M M Ius 1 Ius 1 Ius 1	M M M day. I day. I day. I	D D No ba No ba	ckdate	
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's <b>2.4 Pharmac</b>	nt pharmacy DSP <u>agreement</u> Per attached contract Per attached contract No contract Qualify No contract - Qualify On Netcare request <b>cy clinic networks</b> anded on below networks i	□ Link new □ Delink old Yes Yes/No No No No	434 & 992 o 662 435, 990, 275. 378 954 400 244 226	Delink old BHF / Link new Delink old BHF / Link new Delink old BHF / Link new Subject to old BHF status c Subject to old BHF status/c	v BHF nd first time op nly. n scheme reque	2 2 Sign 2 ening. st	0 0 ature 0 Pr Pr Pr a fuli	Y       Y       Y       date       Y       ocess c       ocess c       ocess c	Y Y date pl date pl date pl date pl	M M M Ius 1 Ius 1 Ius 1 Servio	M M M day. I day. I	D D D No ba No ba	D     D     D     D     D     D     Ckdate     ckdate	2.
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's <b>2.4 Pharmac</b> <i>Please note: If loa</i>	nt pharmacy DSP <u>agreement</u> Per attached contract Per attached contract No contract Qualify No contract - Qualify On Netcare request <b>cy clinic networks</b> anded on below networks i	Link new Delink old Yes Yes/No No No No it is automaticat the agreemen	434 & 992 o 662 435, 990, 275. 378 954 400 244 226	Delink old BHF / Link new Delink old BHF / Link new Delink old BHF / Link new Subject to old BHF status c Subject to old BHF status c Subject to old BHF status c Subject to old BHF status/c s part of marketing on the Disc Contract Dd BHF	v BHF nd first time ope nly. n scheme reque covery Health we	2 2 Sign 2 ening. st	0 0 ature 0 Pr Pr Pr a fuli	date	Y Y date pl date pl date pl date pl	M M M Ius 1 Ius 1 Ius 1 Servio	M M M day. I day. I	D D D No ba No ba	D     D     D     D     D     D     Ckdate     ckdate	2.
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's <b>2.4 Pharmac</b> <i>Please note: If loa</i> <b>Name of netwo</b> Vitality Wellness <i>Request agreement</i>	nt pharmacy DSP <u>agreement</u> Per attached contract Per attached contract No contract - Qualify No contract - Qualify On Netcare request <b>cy clinic networks</b> <b>inded on below networks i</b> <b>prk Requirement</b> Subject to receipt of	Link new Delink old Yes Yes/No No No No ti is automatication	434 & 992 o 662 435, 990, 275. 378 954 400 244 226 ///////////////////////////////	T  Delink old BHF / Link new Delink old BHF / Link new Delink old BHF / Link new Subject to old BHF status o Subject to old BHF status o Subject to old BHF status/o spart of marketing on the Disc Contract Dd BHF H	v BHF nd first time ope nly. on scheme reque covery Health we <b>Registe</b> 404	2 2 Sign 2 ening. sst sst	0 0 ature 0 Pr Pr Pr a fuli	date	Y Y date pl date pl date pl date pl	M M M Ius 1 Ius 1 Ius 1 Servio	M M M day. I day. I	D D D No ba No ba	D     D     D     D     D     D     Ckdate     ckdate	2.
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's <b>2.4 Pharmac</b> <i>Please note: If loa</i> <b>Name of netwo</b> Vitality Wellness	nt pharmacy DSP <u>agreement</u> Per attached contract Per attached contract No contract Qualify No contract Qualify On Netcare request cy clinic networks inded on below networks i pork Requirement Subject to receipt of vitalitypartnerrelations@	Link new Delink old Yes Yes/No No No No ti is automatication	434 & 992 o 662 435, 990, 275. 378 954 400 244 226 Ily portrayed a: t □ De-link c □ Link new □ De-link c		v BHF nd first time open nly. In scheme reque covery Health we <b>Registe</b> 404	2 2 Sign 2 ening. sst sst sst err	0 0 ature 0 Pr Pr Pr Pr 2 2	Y       Y       Y       Y       date       Y       Occess c       occess c       occess c       y funct       n futu       0	Y Y date pl date pl date pl date pl	M M M Ius 1 Ius 1 Ius 1 Servio	M M M day. I day. I	D D D No ba No ba	D     D     D     D     D     D     Ckdate     ckdate	2.
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's <b>2.4 Pharmac</b> <i>Please note: If loa</i> <b>Name of netwo</b> Vitality Wellness <i>Request agreement</i> Video Call	nt pharmacy DSP agreement Per attached contract Per attached contract Per attached contract No contract Qualify No contract Qualify On Netcare request cy clinic networks i pork Requirement Subject to receipt of vitalitypartnerrelations@ Only Healthforce-ena contract.	Link new Delink old Yes Yes/No No No No ti is automatication	434 & 992 o 662 435, 990, 275. 378 954 400 244 226 Ily portrayed a: t □ De-link c □ Link new Load perm		v BHF nd first time openly. on scheme reque covery Health we <b>Registe</b> 404 375 rrmit 376	2 2 Sign 2 ening. sst etbsite as er Y/N Y/N	0 0 ature 0 Pr Pr Pr Pr 2 2 2	Y           Y           Y           date           Y           Ocess c           ocess c           ocess c           ocess c           y           y	Y Y date pl date pl date pl date pl	M M M Ius 1 Ius 1 Ius 1 Servio	M M M day. I day. I day. I day. I m	No ba No ba	D     D     D     D     D     D     Ckdate     ckdate	2. 2. 2. 2.
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's <b>2.4 Pharmac</b> <i>Please note: If loa</i> <b>Name of netwo</b> Vitality Wellness <i>Request agreement</i> Video Call	nt pharmacy DSP agreement Per attached contract Per attached contract No contract Qualify No contract - Qualify On Netcare request <b>ty clinic networks</b> aded on below networks i <b>ork Requirement</b> Subject to receipt of vitalitypartnerrelations@ Only Healthforce-ena contract. Permit documents	Link new Delink old Yes Yes/No No No No it is automaticat the agreemen discovery.co.za tbled clinics per	434 & 992 o 662 435, 990, 275. 378 954 400 244 226 Ily portrayed a: t □ De-link c □ Link new Load perm Subject to r		v BHF nd first time openly. In scheme reque covery Health we <b>Registe</b> 404 404 375 xrmit 376 attion 588	2 2 Sign 2 ening. est est bsite as er Y/N Y/N Y/N	0 0 ature 0 Pr Pr Pr 2 2 2 2	Y           Y           Y           Y           Y           Y           Y           date           Y           Y           date           Y           Y           date           Y           y           functor           n	Y Y date pl date pl date pl date pl	M M M Ius 1 Ius 1 Ius 1 Servio	M M M M day. I day. I day. I day. I M M M	D     D	ckdate ckdate	2. 2. 2. 2.
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's <b>2.4 Pharmac</b> <i>Please note: If loa</i> <b>Name of netwo</b> Vitality Wellness <i>Request agreement</i> Video Call agreement	nt pharmacy DSP agreement Per attached contract Per attached contract Per attached contract No contract Qualify No contract Qualify On Netcare request cy clinic networks i pork Requirement Subject to receipt of vitalitypartnerrelations@ Only Healthforce-ena contract.	Link new Delink old Yes Yes/No No No No it is automaticat the agreemen discovery.co.za tbled clinics per	434 & 992 o 662 435, 990, 275. 378 954 400 244 226 Ily portrayed a: t □ De-link c □ Link new Load perm Subject to ra form copy o		v BHF nd first time openly. In scheme reque covery Health we <b>Registe</b> 404 404 arrmit 375 376 588 591	2 2 Sign 2 ening. sst etbsite as er Y/N Y/N	0 0 ature 0 Pr Pr Pr Pr 2 2 2	Y           Y           Y           date           Y           Ocess c           ocess c           ocess c           ocess c           y           y	Y Y date pl date pl date pl date pl	M M M Ius 1 Ius 1 Ius 1 Servio	M M M day. I day. I day. I day. I m	No ba No ba	D     D     D     D     D     D     Ckdate     ckdate	2. 2. 2. 2.
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's <b>2.4 Pharmac</b> <i>Please note: If loa</i> <b>Name of netwo</b> Vitality Wellness <i>Request agreement</i> Video Call agreement PCDT Network Covid-19	nt pharmacy DSP agreement Per attached contract Per attached contract No contract Qualify No contract - Qualify On Netcare request <b>ty clinic networks</b> aded on below networks i <b>ork Requirement</b> Subject to receipt of vitalitypartnerrelations@ Only Healthforce-ena contract. Permit documents	Link new Delink old Yes Yes/No No No No it is automaticat the agreemen discovery.co.za tbled clinics per	434 & 992 o 662 435, 990, 275. 378 954 400 244 226 Ily portrayed a: t □ De-link c □ Link new Load perm Subject to re form copy c Only on rec □ De-link c		v BHF nd first time openly. In scheme reque covery Health we <b>Registe</b> 404 404 arrmit 375 376 588 591	2 2 Sign 2 ening. est est bsite as er Y/N Y/N Y/N	0 0 ature 0 Pr Pr Pr 2 2 2 2	Y           Y           Y           Y           Y           Y           Y           date           Y           Y           date           Y           Y           date           Y           y           functor           n	Y Y date pl date pl date pl date pl	M M M Ius 1 Ius 1 Ius 1 Servio	M M M M day. I day. I day. I day. I M M M	D     D	ckdate ckdate	2. 2. 2. 2.
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's <b>2.4 Pharmac</b> <i>Please note: If loa</i> <b>Name of netwo</b> Vitality Wellness <i>Request agreement</i> Video Call agreement PCDT Network Covid-19 vaccination Diabetes Clinic	nt pharmacy DSP agreement Per attached contract Per attached contract No contract - Qualify No contract - Qualify On Netcare request Cy clinic networks i pork Requirement Subject to receipt of vitalitypartnerrelations@ Only Healthforce-ena contract. Permit documents PCDT Network agree No contract 1. Request per indiv	Link new Delink old Yes Yes/No No No No it is automaticat ithe agreemen discovery.co.za bled clinics per tement	434 & 992 o 662 435, 990, 275. 378 954 400 244 226 Ily portrayed at t □ De-link c □ Link new Load perm Subject to re form copy c Only on rec □ De-link c □ De-link c		v BHF Ind first time open nly. In scheme reque covery Health we <b>Registe</b> 404 404 armit 375 404 armit 376 591 Partnership 519	2 2 Sign 2 ening. est est bsite as er Y/N Y/N Y/N Y/N	0 0 ature 0 Pr Pr Pr 2 2 2 2 2 2	Y           Y           Y           Y           Y           date           Y           Question           Question <td< td=""><td>Y Y date pl date pl date pl date pl</td><td>M M M Ius 1 Ius 1 Ius 1 Servio</td><td>M M M M day. I day. I day. I day. I M M M</td><td>D     D</td><td>ckdate ckdate</td><td>2. 2. 2. 2.</td></td<>	Y Y date pl date pl date pl date pl	M M M Ius 1 Ius 1 Ius 1 Servio	M M M M day. I day. I day. I day. I M M M	D     D	ckdate ckdate	2. 2. 2. 2.
Single independe i) Networks: Community, KeyCare & Delta FlexiCare (ii) POPIA (iii) PBR MedXpress DSP HIV DSP Netcare DSP's <b>2.4 Pharmac</b> <i>Please note: If loa</i> <b>Name of netwo</b> Vitality Wellness <i>Request agreement</i> Video Call agreement PCDT Network Covid-19 vaccination	nt pharmacy DSP agreement Per attached contract Per attached contract No contract - Qualify No contract - Qualify On Netcare request Cy clinic networks i pork Requirement Subject to receipt of vitalitypartnerrelations@ Only Healthforce-ena contract. Permit documents PCDT Network agree No contract 1. Request per indiv	Link new Delink old Yes Yes/No No No No ti is automaticat the agreemen discovery.co.za tibled clinics per timent tidual diabetes	434 & 992 o 662 435, 990, 275. 378 954 400 244 226 Ily portrayed at t □ De-link c □ Link new Load perm Subject to r form copy c Only on rec □ De-link c □ Link new Load perm Subject to r form copy c Only on rec □ De-link c □ Link new □ Subject to r	T  Delink old BHF / □ Link new  Delink old BHF / □ Link new  Delink old BHF / □ Link new  Subject to old BHF status of Dold BHF BHF Cold BHF BHF Dold BHF BHF DOLD practice registration Dold BHF BHF Cold BHF BHF Cold BHF BHF Cold BHF BHF Cold BHF Cold BHF BHF Cold	v BHF Ind first time open nly. In scheme reque covery Health we <b>Registe</b> 404 404 armit 375 376 ation 588 591 Partnership 519	2 Sign 2 ening. sst sst Y/N Y/N Y/N Y/N Y/N	0 0 0 0 0 0 Pr Pr Pr Pr Pr 2 2 2 2 2 2 2 2 2 2 2 2	Y           Y           Y           Y           Y           Y           Y           Y           Y           Y           Y           Y           Y           Y           Y           Y           Y           Y           Ocess c           O           Y </td <td>Y Y date pl date pl date pl date pl</td> <td>M M M Ius 1 Ius 1 Ius 1 Servio</td> <td>M M M M day. 1 day. 1 day. 1 day. 1 day. 1 M M M M M</td> <td>D D D No ba No ba No ba essin M M M M</td> <td>ckdate ckdate</td> <td>2. 2. 2. 2.</td>	Y Y date pl date pl date pl date pl	M M M Ius 1 Ius 1 Ius 1 Servio	M M M M day. 1 day. 1 day. 1 day. 1 day. 1 M M M M M	D D D No ba No ba No ba essin M M M M	ckdate ckdate	2. 2. 2. 2.

## For questions, please call me at

2 0

Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider

De-link old BHF

Form completed by

and administrator of Discovery Health Medical Scheme.

Related reference number for follow-up

3. Diabetes Educator agreement

