

Coversheet: practice and network registration/de-registration 2025

1. 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 information sheet (PCNS Certificate)
- Y/N (ii) Certified copy (with date not older than three months) of the South African ID document or passport document of the practitioner/owner.
- Y/N (iii) Most recent SAPC registration certificate of the pharmacy.
- Y/N (iv) VAT registration document (if applicable).
- Y/N (v) Certified copy of the authorized signatories' ID document, passport, or valid driver's license.
- Y/N (vi) A completed Healthcare professional banking details for the payment of claims available on link: [form](#).
- Y/N (vii) A completed Healthcare professional practice management and web access details form available on link: [form](#).
- Y/N (viii) A completed Discovery Health practice registration form available on link: [form](#).

2. Network registration

To register a pharmacy practice on Discovery Health Standard networks, please complete this document (points 2.1 – 2.4), complete a newly signed Discovery Health DSP [agreement](#) then submit to Provider_administration@discovery.co.za. Please allow for a 3 days' SLA. Keep your reference number and supply on enquiries.

2.1 Pharmacy details

Pharmacy name (Or attach list) BHF number

2.2 Specify the applicable scenario

Yes/No	Request:
(i) Changing BHF – Move from:	<ul style="list-style-type: none"> If ownership changes –require documents (i – viii) and contract for network participation Add pharmacy to appropriate networks per below request. Action: Reminder to remove old practice number from previous networks.
old BHF <input type="text"/> to new BHF <input type="text"/>	
(ii) First time pharmacy registration with new location and new name	<ul style="list-style-type: none"> Submit documents (i – viii). Load accordingly Action: Load first time opening pharmacies onto MedXpress where contracted.
(iii) Bought over - keep existing BHF while applying for new practice number	<ul style="list-style-type: none"> Where ownership changes, submit documents (i – viii) and contract if new owner Keep existing bank account, then only change web access & practice manager Action: Complete for (i) Remove old pharmacy on previous network(s). Maintain 120 days web
(iv) Delinking old pharmacy	web Access and allow reversals during 120 days before stale period.

2.3 Pharmacy dispensing networks:

Network	Requirement	Action	Network	De-/Register BHF	From future date/processing date
Single independent pharmacy				<input type="text"/>	2 0 <input type="text"/>
i) Networks: Community, KeyCare & Delta FlexiCare	DSP agreement	<input type="checkbox"/> Link new <input type="checkbox"/> Delink old	434 & 992 or 662	<input type="text"/>	2 0 <input type="text"/>
			435, 990, 275.	<input type="text"/>	2 0 <input type="text"/>
(ii) POPIA	Per attached contract	Yes	378	<input type="checkbox"/> Delink old BHF / <input type="checkbox"/> Link new BHF	Signature date
(iii) PBR	Per attached contract	Yes/No	954	<input type="checkbox"/> Delink old BHF / <input type="checkbox"/> Link new BHF	2 0 <input type="text"/>
MedXpress DSP	No contract - Qualify	No	400	<input type="checkbox"/> Subject to old BHF status and first time opening.	Process date plus 1 day. No backdate.
HIV DSP	No contract - Qualify	No	244	<input type="checkbox"/> Subject to old BHF status only.	Process date plus 1 day. No backdate.
Netcare DSP's	On Netcare request	No	226	<input type="checkbox"/> Subject to old BHF status/on scheme request	Process date plus 1 day. No backdate.

2.4 Pharmacy clinic networks

Please note: If loaded on below networks it is automatically portrayed as part of marketing on the Discovery Health website as a fully functional service.

Name of network	Requirement	Contract	Register	From future date/processing date
Vitality Wellness Request agreement	Subject to receipt of the agreement vitalitypartnerrelations@discovery.co.za	<input type="checkbox"/> De-link old BHF <input type="checkbox"/> Link new BHF	404 <input type="text"/>	2 0 <input type="text"/>
Video Call agreement	Only Healthforce-enabled clinics per contract.	<input type="checkbox"/> De-link old BHF <input type="checkbox"/> Link new BHF Load permit holders only on receipt of permit	375 <input type="text"/>	2 0 <input type="text"/>
			376 <input type="text"/>	2 0 <input type="text"/>
PCDT Network	Permit documents PCDT Network agreement	Subject to receipt of PCDT practice registration form copy of permit & BHF & Certified ID. Only on receipt of signed pharmacy agreement	588 <input type="text"/>	2 0 <input type="text"/>
			591 Partnership <input type="text"/>	2 0 <input type="text"/>
Covid-19 vaccination	No contract	<input type="checkbox"/> De-link old BHF <input type="checkbox"/> Link new BHF	519 <input type="text"/>	2 0 <input type="text"/>
Diabetes Clinic Network handbook	1. Request per individual diabetes clinic 2. Diabetes Educator in practical training 3. Diabetes Educator agreement	<input type="checkbox"/> Subject to Agreement, registration form and <input type="checkbox"/> Subject to all certified ID, Practice BHF & SANC copy, course certificate <input type="checkbox"/> De-link old BHF	564 Partnership <input type="text"/>	2 0 <input type="text"/>
			562 <input type="text"/>	2 0 <input type="text"/>
			563 <input type="text"/>	2 0 <input type="text"/>

Related reference number for follow-up Form completed by For questions, please call me at