

Discovery Health practice number registration form for pharmacies rendering PCDT clinic services



Contact us

Tel (Members): **0860 99 88 77**, Tel (Health partner): **0860 44 55 66**, PO Box 784262, Sandton, 2146, www.discovery.co.za

Purpose of the form

The purpose of this form is to register an **employed Primary Care Drug Therapist (PCDT) professional with their own practice number when employed by an existing registered pharmacy practice** with Discovery Health for the purposes of servicing Discovery Health Medical Scheme members. The employed PCDT clinic professional can also be the owner of the pharmacy.

What you must do

The employer representative must please complete this form in full and email the completed form together with the relevant supporting documentation of the employed professional to Practice_Registration@discovery.co.za

Employer to submit supporting documents for the employed permit holder(s) to register his/her practice number for identification purposes with Discovery Health

1. Registration of practice number

- Completed Discovery Health practice number registration form for pharmacies for services
- Latest certified copy of South African ID or passport in employer's possession
- Copy of BHP number: Client information sheet (PCNS certificate for PCDT pharmacist)

Check list

| | |
|----------------------------|----------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Y <input type="checkbox"/> | N <input type="checkbox"/> |

2. Registration of permit*

- Copy of the Permit
- From and to dates, pharmacy name and address

| | |
|----------------------------|----------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Y <input type="checkbox"/> | N <input type="checkbox"/> |

*Office use: *Subject to receipt documentation - 588
Re-register 061 to 063*

1. Existing pharmacy clinic practice details

I want to register the PCDT practice number as being employed by:

Existing Pharmacy practice

Name of employer/pharmacy owner/company

Company number/ID number

Pharmacy practice **

Pharmacy practice name

Pharmacy practice number

Practice physical address

Code

Phone number for the pharmacy clinic

** Office use: *Re-register as partnership
Subject to receipt of contract - 591*

2. Contact details for the PCDT permit holder(s) working in the existing registered pharmacy clinic

Please supply the employed PCDT permit holder 's practice number(s) associated with this pharmacy.

| | | | |
|----------------------|----------------------|-----------|----------------------|
| PCDT practice number | <input type="text"/> | ID Number | <input type="text"/> |
| Email | <input type="text"/> | | |
| PCDT practice number | <input type="text"/> | ID Number | <input type="text"/> |
| Email | <input type="text"/> | | |
| PCDT practice number | <input type="text"/> | ID Number | <input type="text"/> |
| Email | <input type="text"/> | | |

3. Terms and conditions

By completing this application form, you agree as a representative of the employer's pharmacy practice that you take responsibility for the actions of the PCDT permit holder in your employment as set out in the accompanied PCDT agreement signed between Discovery Health

and the employer in

The professional's engagement as your employee with members and the Scheme is regulated by:

- The Medical Schemes Act
- Applicable Scheme rules
- All ethical guidelines Professional registration and conduct requirements including, if applicable, any societal guidelines the Scheme approved or adopted.
- Scope of practice allowed by the PCDT permit.

The clinic professional(s) understands that payment for services will cease at the expiry date of the submitted permit. It remains the responsibility of the permit holder to renew and submit the new permit in time to avoid non-payment.

4. Employer /pharmacy practice representative completing the form

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

By completing this form, you acknowledge that the information supplied is true and correct.

| | | | | | | | | | | | | | |
|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | | | | | | | | | | | | |
| Telephone | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| Email | <input type="text"/> | | | | | | | | | | | | |
| Signature | <input type="text"/> | | | | | Date | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

*** PCDT notification to sender
Auto notification 588 and 591

Useful website links pertaining to the PCDT service

- [PCDT Network agreement](#)
- [PCDT Handbook](#)