

## 1. Checklist for Discovery Health registration of a new pharmacy

To register at Discovery Health, please complete the documents provided on the links below and submit with documents to [Practice\\_Registration@discovery.co.za](mailto:Practice_Registration@discovery.co.za). SLA 3 days.

<input type="checkbox"/> Y/N	(i) BHF client information sheet (PCNS Certificate)
<input type="checkbox"/> Y/N	(iii) <i>Certified copy (dated within the last three months)</i> of the South African ID or passport of the practitioner/owner
<input type="checkbox"/> Y/N	(iv) Most recent SAPC registration certificate for the pharmacy.
<input type="checkbox"/> Y/N	(v) VAT registration document (if applicable)
<input type="checkbox"/> Y/N	(vi) <i>Certified copy</i> of the authorised signatory's ID, passport, or valid driver's licence
<input type="checkbox"/> Y/N	(vii) Completed Healthcare Professional Banking Details Form for claims payment: <i>form</i> .
<input type="checkbox"/> Y/N	(viii) Completed Healthcare Professional Practice Management and Web Access Details Form: <i>form</i> .
<input type="checkbox"/> Y/N	(ix) Completed Discovery Health Practice Registration Form: <i>form</i> .

## 2. New Pharmacy Network changes

In addition to the documents under **Section 1**, please submit a newly signed, **Discovery Health DSP Agreement**, SLA: 3 working days.

### 2.1 Pharmacy details

Pharmacy Name (or attach list)  BHF Number

### 2.2 Specify the applicable scenario

	Yes/No	Rules
(i) <b>Change of BHF</b> Moving from: old BHF <input type="text"/> to new BHF <input type="text"/>	<input type="checkbox"/> Y/N	<ul style="list-style-type: none"> <li>If ownership changes, submit documents (i–viii) and a newly signed agreement. <b>Action:</b> Ensure the old practice number is removed from previous networks.</li> </ul>
(ii) First-time registration – New name and location	<input type="checkbox"/> Y/N	<ul style="list-style-type: none"> <li>Submit all documents (i–viii) and load accordingly.</li> </ul>
(iii) Pharmacy bought over – Retain existing BHF while applying for a new number	<input type="checkbox"/> Y/N	<ul style="list-style-type: none"> <li>Submit ownership documents (i–viii). Keep existing bank account. Only update web access and practice manager details.</li> </ul>
(iv) Delinking old pharmacy	<input type="checkbox"/> Y/N	<ul style="list-style-type: none"> <li>Remove the old pharmacy from previous networks. Maintain 120 days of web access after delinking.</li> </ul>

### 2.3 Specify dispensing network on BHF changes

Network	Requirement	Action	Network	De-/Register BHF	From future date/processing date
Single independent pharmacy				<input type="text"/>	2 0 <input type="text"/>
(i) Community, KeyCare, Delta FlexiCare MEDiPOS	<b>Subject to DSP agreement</b>	<input type="checkbox"/> Link new <input type="checkbox"/> Delink old	622/434 & 992 435 & 990 275 724	<input type="text"/>	2 0 <input type="text"/> 2 0 <input type="text"/>
(ii) POPIA	<b>Subject to DSP agreement</b>	Compulsory	378	<input type="checkbox"/> Delink old BHF / <input type="checkbox"/> Link new BHF	Signature date
(iii) PBR	<b>Subject to DSP agreement</b>	Voluntary	954	<input type="checkbox"/> Delink old BHF / <input type="checkbox"/> Link new BHF	2 0 <input type="text"/>
MedXpress DSP HIV DSP Netcare DSP's	No contract - Need to qualify No contract - Need to qualify Scheme approval for pensioner's pharmacy	No No No	400 244 226	<input type="checkbox"/> Subject to old BHF status & first time opening <input type="checkbox"/> Subject to old BHF status only. <input type="checkbox"/> Subject to old BHF status/on scheme request	Process date plus 1 day. No backdate. Process date plus 1 day. No backdate. Process date plus 1 day. No backdate.

### 2.4 Specify clinic networks on BHF changes

Note: Pharmacies linked to any of the clinic networks below are automatically displayed on the Discovery Health website as a fully functional service..

Vitality Wellness	<b>Subject to Vitality agreement.</b> <a href="mailto:vitalityvendorsupport@discovery.co.za">vitalityvendorsupport@discovery.co.za</a>	<input type="checkbox"/> De-link old BHF <input type="checkbox"/> Link new BHF	404	<input type="checkbox"/> Y/N	2 0 <input type="text"/>
PCDT Network	<b>Subject to registration documents:</b> <ul style="list-style-type: none"> <li>Practice Registration <i>form</i></li> <li>Copy of PCDT permit</li> <li>BHF PCNS form</li> <li>Certified ID</li> </ul>	<input type="checkbox"/> De-link old BHF <input type="checkbox"/> Link new BHF	588	<input type="checkbox"/> Y/N	2 0 <input type="text"/>
Pharmacy	<b>PCDT Pharmacy agreement</b>	<input type="checkbox"/> De-link old BHF <input type="checkbox"/> Link new BHF	591 <i>Partnership</i>	<input type="checkbox"/> Y/N	2 0 <input type="text"/>
Diabetes Clinic Network	<b>Subject to Diabetes Educator agreement</b> <ul style="list-style-type: none"> <li>Pharmacy</li> <li>Diabetes Educator in practical training</li> <li>Valid Certified ID, BHF, SAPC/SANC registration, course certificate</li> <li>Diabetes Educator Network</li> <li>Add Activity <i>record</i> &amp; mentorship <i>form</i>. Or a Motivation.</li> </ul>	<input type="checkbox"/> De-link old BHF <input type="checkbox"/> Link new BHF <input type="checkbox"/> De-link old BHF <input type="checkbox"/> Link new BHF	564 <i>Partnership</i> 562 563	<input type="checkbox"/> Y/N <input type="checkbox"/> Y/N	2 0 <input type="text"/> 2 0 <input type="text"/> 2 0 <input type="text"/>

Related reference number for follow-up  Form completed by  Phone number