

# Discovery Health practice number registration form for pharmacies rendering PCDT 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](http://www.discovery.co.za)

## Purpose of the form

This form is to register **primary care drug therapists (PCDT) who have their own practice numbers**, but who are **employed by a pharmacy practice that is an existing registered provider** with Discovery Health, servicing medical scheme members.

## What you must do

The employer representative must please complete this form in full and email the completed form together with the relevant supporting documents of the employed professional to [Practice\\_Registration@discovery.co.za](mailto:Practice_Registration@discovery.co.za). **Please use one form per pharmacy and send one pharmacy's application per email.**

## Checklist of documents

### 1. Registration practice number\*

#### Checklist

- Completed Discovery Health practice number registration form for pharmacies for PCDT services Yes  No
- Latest certified copies of the professionals' South African IDs or passports Yes  No
- BHF number: Submit copy of PCNS Client information sheet Yes  No

\*Office use: Adapt PT061 to PT063

### 2. Registration of permit\*\*

All above in point 1, plus:

- Copy of the permit Yes  No

\*\*Office use: Load on network 588 subject to documentation

To and from dates Yes  No

Pharmacy name and address on permit Yes  No

## 1. Existing pharmacy details of the pharmacy clinic

I want to register the person with the PCDT practice numbers as being employed by:

### Existing pharmacy practice

Name of employer, pharmacy owner or company

Company or ID number

### Pharmacy practice\*\*\*

Pharmacy practice name

Pharmacy practice number

### Practice physical address

Unit/Suite number  Complex name

Street number  Street name

Suburb

City  Postal code

Pharmacy telephone

\*\*\*Office use: Reregister pharmacy as partnership

Load on network 591 subject to PCDT registration and receipt of signed agreement

## 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.

Professional practice number	<input type="text"/>	ID number	<input type="text"/>
Email	<input type="text"/>		
Professional practice number	<input type="text"/>	ID number	<input type="text"/>
Email	<input type="text"/>		
Professional practice number	<input type="text"/>	ID number	<input type="text"/>
Email	<input type="text"/>		

## 3. Terms and conditions

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

employer in the year

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 has approved or adopted.

The clinic professional(s) understands that payment for services will stop at the expiry date of the submitted permit. The permit holder is responsible for renewing and submitting the new permit in time to avoid non-payment.

## 4. Employer or 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"/>
Email	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/>

\*\*\* Office use: Send notification to sender  
Auto notification to network 588 and 591

## Useful website links pertaining to the PCDT service

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