

# Request for extended supply of medicine

**Contact details**

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • [www.lahealth.co.za](http://www.lahealth.co.za)

**Who we are**

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the Administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

**Contact us**

Tel (members): **0860 103 933**, Tel (health partners): **0860 44 55 66**, [www.lahealth.co.za](http://www.lahealth.co.za), PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

**Purpose of the form**

This is an application to ask for an extended supply of chronic or acute medicine.

We will review this request only when you need the extra supply of chronic or acute medicine because you will be travelling for longer than one month, or up to and no longer than six months. Please note: the maximum period for extended supply of medicines we will consider is six months. We will decline requests for periods longer than six months.

If you change to an Option with a smaller Chronic Illness Benefit, cancel your Scheme membership, or if your membership is suspended during the period for which we have approved your extended supply of medicine, you may have to pay the costs yourself, or we may need to recover the money from you.

**How to complete this form**

1. Please use one letter per block.
2. You need to apply at least 7 working days before you travel.
3. Complete one application form for each patient.
4. If the applicant is under 18, a parent or legal guardian must complete Section 1, and sign the application form.
5. The main applicant must complete Section 2.
6. To avoid administrative delays, please ensure this form is completed in full.
7. Please return the completed form to [chronicqueries@lahealthms.co.za](mailto:chronicqueries@lahealthms.co.za).

**Please note**

This is an approval for funding only and does not override any legal requirements that your pharmacist must comply with. You will need to have a valid prescription for the requested medicine and there are some medicines where the maximum quantity that can be dispensed is a 30 day supply.

Please also check the Customs requirements and laws of the country you are visiting before you travel, to avoid any issues with travelling with your medicine.

**1. Main member's details**

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's surname	<input type="text"/>
Member's name	<input type="text"/>

**2. Patient details**

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		

Relationship to main member

Date of departure 

D	D	M	M	Y	Y	Y	Y
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 Date of return 

D	D	M	M	Y	Y	Y	Y
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Destination

### 3. Medicine requested

Please include the medicine details in the table below. Enter only one medicine per line.

	Medicine name	Chronic or Acute	Quantity
Medicine 1			
Medicine 2			
Medicine 3			
Medicine 4			
Medicine 5			
Medicine 6			
Medicine 7			
Medicine 8			
Medicine 9			

Patient's signature

Date 

D	D	M	M	Y	Y	Y	Y
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(If patient is a minor, main member to sign)