Request for extended supply of medicine 2025



Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • www.malcormedicalaid.co.za

Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547, is a non-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 100 698**, Tel (health partners): **0860 44 55 66**, <u>www.malcormedicalaid.co.za</u>, 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 a plan 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.

What you must do

- You need to apply at least seven working days before you travel.
- Complete one application form for each applicant
- Fill in the form in black ink and print clearly, or complete the form digitally.
- All relevant sections must be signed by the patient. The patient must sign and date any changes
- If the applicant is under 18, a parent or legal guardian must complete the application form on their To avoid administration delays, please
 ensure this application is completed in full.
- Please return the completed form to chronicqueries@malcormedicalaid.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 de	tails
Membership number	
ID or passport number	
Member's name	
Member's surname	
2. Patient details	
Title	Initials
First name(s)	
Surname	
Membership number	ID or passport number
Telephone (H)	Telephone (W)

Please note that this form expires on 31/03/2026. Up to date forms are available on www.malcormedicalaid.co.za

Celiphone Email Relationship to main member Date of departure Destination 3. Medicine requested Please include the medication details in the table below. Enter only one medication per line. Medication 1 Medication 2 Medication 3 Medication 4 Medication 5 Medication 7 Medication 8 Medication 9 I give consent to Malcor Medical Aid Scheme and Discovery Health (Pty) Ltd to use the above communication channel for all future communication.			
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communication.	Medication 9		
Patient's signature		alcor Medical Aid Scheme and Discovery Health (F	ty) Ltd to use the above communication channel for all future
(If patient is a minor, Principal member to sign)	Patient's signature	(If nationt is a minor Principal member to	sign)

Malcor Medical Aid Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows: Email: complaints@medicalschemes.co.za | Customer Care Centre: 0861 123 267 | Website: www.medicalschemes.co.za | Physical Address: Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157