

Request for an advanced supply of chronic medicine

**Contact details**

Tel: 0860 002 133 • PO Box 10436, Johannesburg, 2000 • www.sabmas.co.za

Please complete this form if you are on the SAB Medical Aid Essential or Comprehensive Option and would like to request an advanced supply of chronic medicine. You may apply for an extended supply of medicine for a period of up to six months.

Who we are

SAB Medical Aid (referred to as 'the Scheme'), registration number 1209, is a non-profit organisation, registered with the Council for Medical Schemes. 3Sixty Health (Pty) Ltd, registration number 1978/001109/07, is an accredited administration and managed care service provider responsible for administration of your membership on behalf of the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Please fax this completed and signed form with any supporting documents to 010 593 2074 or email it to chronicqueries@sabmas.co.za.
3. To avoid administration delays, please ensure this application is completed in full and returned to the administrator at least seven days before you are due to collect your advance supply of chronic medicine from your pharmacy.

Please advise which benefit you require the Extended Medicine Supply for:

CDL, ADL, OHDTPMB (Chronic Medicine Benefit)

Oncology

Note: Extended supply requests are done telephonically for HIV medicine, please contact AfA on 0860 100 646.

Membership number

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Name and surname of principal member

Name(s) of dependants who are travelling

1.

2.

3.

4.

Departure date

D	D	M	M	Y	Y	Y	Y
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(date you are leaving South Africa)

Return date

D	D	M	M	Y	Y	Y	Y
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(date you are arriving back in South Africa)

I will require

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months advance supply of my chronic medicine and I will be collecting the medicine from

(pharmacy's name)

between

D	D	M	M	Y	Y	Y	Y
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and

D	D	M	M	Y	Y	Y	Y
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Please supply the dates within a five day period that will be convenient for you to collect the advance supply of chronic medicine from the pharmacy.

Please note that the medicine can only be claimed within this five day period.

Please include the following documents with your application:

- A prescription covering the duration of your trip or a list of the medicine you need.
- A copy of your travel ticket or itinerary.

Member's signature

Date

D	D	M	M	Y	Y	Y	Y
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