Retail Medical Scheme

Administered by Discovery Health

Contact details
Tel: 0860 101 252 • PO Box 652509, Benmore 2010 • www.retailmedicalscheme.co.za

Request for pre-exposure prophylaxis (PREP)

Who we are

Retail Medical Scheme (the Scheme) registration number 1176, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (the administrator) is a separate company and an authorised financial services provider (registration number 1997/013480/07). Discovery Health (Pty) Ltd administers Retail Medical Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Please make sure the form is completed in full and signed by a healthcare professional.
3. Please return the completed form to us by email to **HIV_Diseasemanagement@retailmedicalscheme.co.za**.

You must use the services of the Scheme's Network Providers

To avoid a 20% co-payment on consultations, you must use the services of a Premier Plus HIV Network GP to manage your condition.

MediRite pharmacy is the Scheme's preferred service provider for medicines.

Consent for processing my personal information

I give the Scheme and the administrator consent to have access to and process all information (including general, personal, medical or clinical information) that is relevant to this application. I understand that this information will be used for the purposes of applying for and assessing my funding request for the PREP benefit. I consent to the Scheme and the administrator disclosing, from time to time, information supplied to them (including general, personal, medical or clinical information) to my healthcare provider and to relevant third parties, to administer the PREP Benefit as well as undertake managed care interventions related to the benefit.

1. Patient's details

Title | Initials

Surname

First name(s) (as per identity document)

ID or passport number | Membership number

Telephone (H) | Telephone (W)

Cellphone

Email

Relationship to main member

Please ensure your contact details are always up to date as we rely on this to send important information to you. You may update your details on www.retailmedicalscheme.co.za or contact our call centre on 0860 101 252.

2. Clinical data (to be completed by doctor)

Expected treatment start date (Y Y Y Y M M D D) | Expected duration of treatment

Clinical reason for requesting PREP

Special investigation results (please provide copies of the reports)

	Test done?	If yes, specify results	Test date
Baseline HIV test*	Yes ☐ No ☐		Y Y Y Y M M D D
Serum Creatinine/eGFR	Yes ☐ No ☐		Y Y Y Y M M D D

*Require a negative ELISA result < 1 month old before we will approve treatment.

3. Medicine (to be completed by doctor)

Diagnosis	Date when condition was first diagnosed	Medicine name, strength and dosage	Number of repeats	How long has the patient used this medicine?		May the patient use generic medicine?		
				Years	Months	Yes	No	Reason if no
HIV								
Opportunistic infections								

We will approve funding for generic medicine where available, unless you have indicated otherwise

Please specify any other medicine that the patient uses regularly

4. Doctor's details (doctor to complete)

Name and surname

BHF practice Number Speciality

Telephone Cellphone

Email

I acknowledge that:

1. The approval of this treatment is subject to the HIV status of the patient.
2. I have received the patient's consent to disclose their HIV status and any other related information to the Scheme and the Administrator.

Signature of doctor Date Y Y Y Y M M D D

Please only sign if the information is true, complete and correct.