Once filled in please email the completed form and supporting documents to **managedcare@bomaid.co.bw**

Bomaid
Health & Happiness at heart

ADVANCE MEDICATION SUPPLY

Membership Number

Requirements:

- Completed advance supply request form
- Advance subscription payments or letter from Employer confirming employment status and assurance that subscriptions will be paid for the months of advance supply
- Copy of prescription (NB-only authorized chronic medication will be covered)
- Copy of itinerary/proof of travel/ confirmation letter that member resides outside the country

Request for extended supply of medication

This form is used to apply for a sufficient supply of medicine for a maximum of three months. Please note: Should you leave your Medical Scheme within the authorization period for extended medicine, you will be billed for the remaining months.

How to complete this application

- One application form is to be completed per patient
- Please attach copy of your air ticket, itinerary or letter from employer confirming travel dates to this document.
- Please complete ALL sections of the application in full and email all the required documents to managedcare@bomaid.co.bw. Incomplete applications will result in administrative delays.

1. Principal Member and Patient Details

Title | First name (s)

Surname

Telephone no (w) | Mobile no

Email address | Patients full names

Date of Birth DD MM YYYY | Date of departure DD MM YYYY | Date of return DD MM YYYY

Preferred means of communicating your confidential information Email | Mobile

2. Patients Approved Chronic Medicine Request

Medicine 1 _____

Medicine 2 _____

Medicine 3 _____

Medicine 4 _____

Medicine 5 _____

Medicine 6 _____

Medicine 7 _____

3. Pharmacy Details

Pharmacy name: _____

Practice no: _____

Contact person: _____

Telephone no: _____

Collection date: _____

Principal member signature	Date