

E-PHARMACY

MORE THAN A MEMBER. MORE WITH BANKMED.

WELCOME PAGE 🛛 🛪 🕂 🗶 🕂 🖊



CLICK "START" TO BEGIN.

STEP 1: UPLOADING A PRESCRIPTION

1 2 3 UPLOAD YOUR PRESCRIPTION
Accepted file types: JPG, PNG and .PDF only Max size: 6 mb (.JPG / .PNG) or 2mb (.PDF) Due to legislative requirements we are unfortunately unable to dispense any Schedule 6 medicines via this service SELECT FILE
BACK CONTINUE T&Cs apply. Download our user guide. Powered by SRECOMED
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1.1 CLICK "SELECT FILE" TO UPLOAD THE SCRIPT FROM A FOLDER ON YOUR COMPUTER OR FROM YOUR PHONE.

STEP 1: UPLOADING A PRESCRIPTION

		OAD YOUR PRESCRIPTION		
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	I fiercare ery genus prices, and	red by SRecoMed	v Contour Files (*pelle* #4* agort v) Open Carried	
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• 1.2 CHOOSE THE RELEVANT FILE (SCRIPT) THAT YOU WANT TO UPLOAD.

STEP 1: UPLOADING A PRESCRIPTION



THE DELIVERY JOURNEY



STEP 2: DELIVERY



• 2.1 TO ORDER A PRESCRIPTION FOR DELIVERY, CLICK "DELIVER".

STEP 2: DELIVERY



X

• 2.2 ADD IN THE ADDRESS WHERE THE PACKAGE CAN BE DELIVERED.

STEP 2: DELIVERY



• 2.3 A TICK INDICATES THAT AN AVAILABLE PHARMACY IS NEAR THE PROVIDED ADDRESS.





3.3 IF YOU SELECT "NO", THEN YOU WILL RECEIVE A NOTIFICATION ABOUT A POTENTIAL CO-PAYMENT.



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3.4 IF YOU SELECT "YES", THEN YOU WILL NOT RECEIVE A NOTIFICATION ABOUT A POTENTIAL CO-PAYMENT.



• 3.5 SELECT WHETHER YOU WILL PAY DIRECTLY OR IF WE SHOULD SUBMIT TO YOUR MEDICAL AID.



3.6 IF YOU SELECT "MEDICAL AID" THEN YOU MUST ENTER THE SCHEME NAME AND MEMBER NUMBER.

ORDER DETAILS Page 3 of 5 WHO IS THIS PRESCRIPTION FOR? First Name		
First Name Last Name Last Name	Additional Information	
Date of birth 1999 / 01 / 01	Complex, Apartment number, P.O Box,	
E-mail mail@domain.com	Contact Number	
Address This is the same as my delivery address	Identity	
7 Bree St, Cape Town City Centre, Cape Town, 8000, South Africa	RSA ID	
Additional Information	O Passport RSA ID	
Complex, Apartment number, P.O Box,	0301017617186	
	Gender	
Contact Number 0614561122	Male v	
Identity	BACK CONTINUE	
	<u>T&Cs</u> apply. Download our <u>user guide</u> .	

• 3.7 ADD THE PERSONAL DETAILS OF THE PERSON IN WHOSE NAME THE PRESCRIPTION IS WRITTEN.



NOTE: THIS STEP IS SKIPPED IF PRIVATE PAYMENT (THE NON-MEDICAL AID JOURNEY) WAS SELECTED

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ORDER DETAILS Page 4 of 5	$\begin{array}{c} \bullet \\ \bullet $
MEDICAL AID Is First Name Last Name the Main Member? Main member means the applicant in whose name the medical aid policy was issued Ves No Please enter the Main Member's details	Additional Information Complex, Apartment number, P.O Box,
First Name Main Last Name Member Date of birth	Contact Number 0614561133 Identity
1999 / 02 / 02 E-mail Mainmember@domain.com Address	RSA ID Passport RSA ID [7412016498081
This is the same as my delivery address T2 Bree Street, Cape Town City Centre, Cape Town, South Africa Additional Information Complex Apertment pumber BO Ber	Gender Female What is First Name Last Name's dependant number? 3 ©
 3.9 IF YOU SELECT "NO", THEN YOU MUST PROVIDE THE "MAIN MEMBER'S" DETAILS. NOTE: "PATIENT'S NAME" IS A PLACEHOLDER. THE NAME OF THE PRESCRIPTION HOLDER IS 	BACK CONTINUE TACS apply. Download our <u>user guide</u> . Powered by SRECOMED
FILLED HERE.	0 YOU MUST PROVIDE THE DEPENDANT NUMBER FOR THE

PRESCRIPTION HOLDER FROM THE PREVIOUS STEP.

	• • • • •
	Recipient Name John Smith
	Recipient Contact Number 0614561144
	BACK CONTINUE
0	<u>T&Cs</u> apply. Download our <u>user guide</u> .
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NOTE: THIS STEP IS SKIPPED IN THE "COLLECTION" JOURNEY.

ORDER SUBMISSION

First Name Last Name 0301017617186 0614561122 Your order will be delivered at: 7, Bree Street, Cape Town City Centre, City of Cape Town Metropolitan Municipality, Western Cape, South Africa, 8000 Generics: Yes	
Generics: Yes	
Repeats: Yes Your order will be delivered within 24 hours. No Schedule 6 Medications. Bankmed does not endorse any Dis-Chem marketing material or products as a Scheme.	
BACK Cs apply. Download our <u>user guide</u> .	
Powered by SRecoMed	
	No Schedule 6 Medications. Bankmed does not endorse any Dis-Chem marketing material or products as a Scheme. SUBMIT BACK Cs apply. Download our <u>user guide</u> .

3.12 REVIEW THE ORDER DETAILS AND CLICK "SUBMIT."

ORDER CONFIRMATION





Hi Patient, Bankmed has sent your script for processing. Please monitor your SMSes for delivery instructions. Thank you. Ref MD_00960

③ 3.13 YOU WILL RECEIVE AN SMS AND E-MAIL UPDATING YOU ON THE STATUS OF YOUR DELIVERY.

THE COLLECTION JOURNEY

COLLECT	
In-store pickup at a pharmacy near you	

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STEP 4: COLLECTION



4.1 TO ORDER YOUR PRESCRIPTION FOR COLLECTION, CLICK "COLLECT".

STEP 4: COLLECTION



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• 4.2 INPUT ANY ADDRESS (HOME, WORK, ETC.) FROM WHICH TO FIND THE CLOSEST PHARMACY.

STEP 4: COLLECTION



• 4.3 SELECT THE NEAREST PHARMACY TO YOUR PROVIDED ADDRESS OR YOUR PREFERRED PHARMACY.





5.3 IF YOU SELECT "NO", THEN YOU WILL RECEIVE A NOTIFICATION ABOUT A POTENTIAL CO-PAYMENT.

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X

5.4 IF YOU SELECT "YES", THEN YOU WILL NOT RECEIVE A NOTIFICATION ABOUT A POTENTIAL CO-PAYMENT.



• 5.5 SELECT WHETHER YOU WILL PAY DIRECTLY OR WE SHOULD SUBMIT TO YOUR MEDICAL AID.



• 5.6 IF YOU SELECT "MEDICAL AID" THEN YOU MUST ENTER THE SCHEME NAME AND MEMBER NUMBER.

• 5.7 ADD THE PERSONAL DETAILS OF THE PERSON IN WHOSE NAME THE PRESCRIPTION IS WRITTEN.



	ORDER DETAILS	
	Page 4 of 5	
	MEDICAL AID	
	Is First Name Last Name the Main Member? Main member means the applicant in whose name the medical aid policy was issued	
	O Yes	
	• No	Additional Information
	Please enter the Main Member's details First Name	Complex, Apartment number, P.O Box,
	Main	
	Last Name	Contact Number
	Member	0614561133
	Date of birth	Identity
	1999/02/02	◎ RSA ID
	[-mail	O Passport
	E-mail mainmember@domain.com	RSA ID
		7412016498081
	Address	Gender
	12 Bree Street, Cape Town City Centre, Cape Town, South Africa	Female v
		What is First Name Last Name's dependant number?
	Additional Information	3
		BACK CONTINUE
5.9 IF YOU S	SELECT "NO", THEN YOU MUST	T <u>&Cs</u> apply. Download our <u>user guide</u> .
PROVIDE TH	HE "MAIN MEMBER'S" DETAILS.	
NOTE. (DAT		Powered by 🗟 RecoMed
	IENT'S NAME" IS A PLACEHOLDER. OF THE PRESCRIPTION HOLDER IS	

		DETAILS	
	Page	5 of 5	•
	Recipient Name		
	John Smith		
	Recipient Contact Number		
	0614561144		
0	ВАСК	CONTINUE	i l
	<u>T&Cs</u> apply. Download our <u>user guide</u> .	-	
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	Towered by		
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ORDER SUBMISSION



5.12 REVIEW THE ORDER DETAILS AND CLICK "SUBMIT."

ORDER CONFIRMATION

	A Bankmed Initiative
Dear Patient Name	
E-Pharmacy Script Received	
Finis is to confirm your E-Pharmacy script for Patient Name currently being processed for delivery.	e has been received and is
Order Reference: RMD 00960	
Delivery address: 7, Bree Street Cape Town City Centre, Metropolitan Municipality Western Cape, South Africa 800 Contact number: 0614561121	
Please monitor your SMSes and await further instruction.	у
Your Prescription:	Т
For queries about your delivery, please contact Dis-Chem Western Cape directly +27 21 541 0580	Pharmacy Foreshore -
Bankmed does not endorse any Dis-Chem marketing mat Scheme.	erial or products as a
Web Support:	
f you need assistance placing your order, or if you would your experience please do so by contacting RecoMed on apharmacy@recomed.co.za.	
Yours in good health	
Bankmed	



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x + x + x

• 5.13 YOU WILL RECEIVE AN SMS AND E-MAIL UPDATING YOU ON THE STATUS OF YOUR DELIVERY.





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