

## **E-PHARMACY**

#### 

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### WELCOME PAGE 🛛 🛪 🕂 🗶 🕂 🖊



CLICK "START" TO BEGIN.

### **STEP 1:** UPLOADING A PRESCRIPTION

	1 2 3 UPLOAD YOUR PRESCRIPTION
0	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

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	I File name (ay and signifus an	ered by SRecoMed	v   Contain Film (* polit * PA* gains v ) Dyna Contail d	
		Copyright 2024 Bankmed Medical Scheme   All Ri Our PAIA, Privacy Policy & Tr	ghts Reserved. Registration number: 1279 rms of Use. ©2024 RMad Online (Ptv) Ltd	

#### • 1.2 CHOOSE THE RELEVANT FILE (SCRIPT) THAT YOU WANT TO UPLOAD.

### **STEP 1:** UPLOADING A PRESCRIPTION



#### • 1.3 A TICK INDICATES THAT THE FILE IS VALID.

### 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	Identity
<ul> <li>This is the same as my delivery address</li> <li>7 Bree St, Cape Town City Centre, Cape Town, 8000, South Africa</li> </ul>	● RSA ID
Additional Information	O Passport
Complex, Apartment number, P.O Box,	RSA ID 0301017617186
	Gender
Contact Number	Male v
0614561122	
 identific	BACK CONTINUE
	<u>T&amp;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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1  2  3      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 Yes No Please enter the Main Member's details First Name Main Last Name Member	Additional Information Complex, Apartment number, P.O Box, Contact Number 0614561133
Date of birth	Identity RSA ID Passport RSA ID 7412016498081 Gender Female
Additional information     Complex Apartment number PO Par     3.9 IF YOU SELECT "NO", THEN YOU MUST     PROVIDE THE "MAIN MEMBER'S" DETAILS.	What is First Name Last Name's dependant number?
NOTE: "PATIENT'S NAME" IS A PLACEHOLDER. THE NAME OF THE PRESCRIPTION HOLDER IS FILLED HERE.	Powered by SRECOMED

PRESCRIPTION HOLDER FROM THE PREVIOUS STEP.

	• • • • •
	Recipient Name John Smith
	0614561144
	BACK CONTINUE
0	<u>T&amp;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	
	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. SUBMIT BACK Cs apply. Download our <u>user guide</u> . Powered by ERECOMED

#### **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	
Image: state sta	
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.

				•	ORDER DETAILS Page 3 of 5	
					WHO IS THIS PRESCRIPTION FOR? First Name First Name	Fir. Fir
		ər, P.O Box,	Additional Information		Last Name Last Name Date of birth 1999 / 01 / 01	
			Contact Number 012 456 7890 Contact number is required		E-mail mail@domain.com Address	e E-T
			Identity RSA ID O Passport	Africa	This is the same as my delivery address           7 Bree St, Cape Town City Centre, Cape Town, 8000, South Africa           Additional Information	
			RSA ID 0301017617186 Gender	•	Complex, Apartment number, P.O Box, Contact Number	
~	CONTINUE		Male BACK		012 456 7890 Contact number is required	
	ed	y 🗟 RecoMe	<u>acs</u> apply. Download our <u>user guide</u> . Powered by			
	CONTINUE	y <b>€</b> RecoMe	Contact Number 0/2 456 7890 Contact number is required Identity © RSA ID 0 Passport RSA ID 0 300107617186 Gender Male BACK &Cg apply. Download our user guide.	Africa X	Image: Strain	

#### • 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	
		Additional Information
	Please enter the Main Member's details	Complex, Apartment number, P.O Box,
	Main	
	Last Name	Contact Number
	Member	0614561133
	Date of birth	Identity
	1999 / 02 / 02	RSA ID
	E-mail	O Passport
	mainmember@domain.com	RSA ID
	Addroes	7412016498081
	□ This is the same as my delivery address	Gender
	12 Bree Street, Cape Town City Centre, Cape Town, South Africa	Female v
	Additional Information	What is First Name Last Name's dependant number?
	Complex Apartment number B O Pay	3
		BACK CONTINUE
5.9 IF YOU S	ELECT "NO", THEN YOU MUST	<u>T&amp;Cs</u> apply. Download our <u>user guide</u> .
PROVIDE TH	IE "MAIN MEMBER'S" DETAILS.	
	IENT'S NAME" IS A PLACEHOLDER	

	ORDER	DETAILS	
	Page	● 5 of 5 ●     ●	•
	Recipient Name		
	John Smith		
	Recipient Contact Number		
	0614561144		
0	ВАСК	CONTINUE	
	T&Cs apply Download our user quide		
	Powered by	RecoMed	
	Fowered 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-Dharmacy Scrint Received	
This 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	City of Cape Town 10 S
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.	like to provide feedback on 021 447-3662 or email us at
Yours in good health	



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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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