

# AUTO STATEMENT IMPLEMENTATION FORM FOR NEW OR EXISTING GROUP

## PHARMACY AUTO STATEMENT INFORMATION

Pharmacy Name: \*  Pharmacy BHF Number: \*   
 (BHF Registration Name)

Requested Implementation Date: \*  DD/MM/YYYY

(Please note that implementation forms received and captured by MediKredit by close of business before or on a Wednesday will result in the first Pharmacy statement being ready by Friday of the subsequent week)

## PHARMACY VENDOR INFORMATION

Auto statement Group Name. (Please select below)

<input type="checkbox"/>	Allegra (ALEG)	<input type="checkbox"/>	CompCaps (COMC)
<input type="checkbox"/>	Admin-e-Strators (ASSIST)	<input type="checkbox"/>	Vexall (VEXAL)
<input type="checkbox"/>	Busamed Pharmacies (BUSA)	<input type="checkbox"/>	Pharmacy One (PONE)
<input type="checkbox"/>	BCX/Unisolv (CKSA)	<input type="checkbox"/>	Propharm (PRAS)
<input type="checkbox"/>	Clicks (CLIC)	<input type="checkbox"/>	Trifour (TRIF)

## TERMS AND CONDITIONS FOR USE OF AUTO STATEMENTS BY PHARMACIES

- By signing this document you provide your consent that MediKredit is authorised to supply your practice management software system vendor as identified above, with reconciliation data pertaining to your pharmacy as per the BHF number specified in this implementation form.
- Please note that MediKredit shall make all reasonable efforts to ensure that the reconciliation data given to your vendor is accurate.
- MediKredit shall however, not be liable whether in contract, delict or otherwise, for any direct, indirect, special or consequential loss or damage or any loss of profit suffered or sustained by your pharmacy as a result of or in connection with the use of or reliance on data provided to you by your vendor, or your omission to inform us that you have changed your vendor.
- Your vendor is responsible for the download of auto reconciliation files into the relevant mailboxes for access by providers including yourself.
- Should the auto reconciliation file be inaccessible, or not available, kindly contact your vendor in this regard.
- Should the download of the file not be successful i.e. the integration of the file into your software package be unsuccessful, you must contact your vendor for assistance in respect thereof.
- Should the information listed on the auto reconciliation file received from your vendor, be incorrect in any way, please contact the MediKredit Call Centre on +27 (0) 860-932-273.
- In the event that your pharmacy terminates with your existing vendor, it remains the responsibility of the pharmacy to notify MediKredit. Please contact the MediKredit Call Centre on +27 (0) 860-932-273 in this regard.
- By signing this application form, you consent to MediKredit terminating you from the previous Autostatements Group.
- Please also note that by affixing your signature hereto, you confirm your acceptance of the above terms and conditions.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**PHARMACY SIGNATURE**

Please sign in full: Who by his/her signature hereto warrants that he/she is duly authorised to bind the Pharmacy.

Name of signatory

Designation of signatory

**VENDOR SIGNATURE**

Please sign in full: Who by his/her signature hereto warrants that he/she is duly authorised to bind the Vendor.

Name of signatory

Designation of signatory

Once the form has been completed and signed **by the provider** the form must be emailed to the selected vendor.

**PLEASE NOTE:**

Once the vendor has signed the form the vendor needs to forward it to [implementationsdept@medikredit.co.za](mailto:implementationsdept@medikredit.co.za).

