



PHARMERS MTM SERVICES

PROFESSIONAL PHARMACOTHERAPY CONSULTING INFORMATION SHEET

Hey there, welcome to Pharmers' professional MTM consulting information sheet!

In this sheet you will find:

Medication Therapy Management Services

1. Service information for patients (MTM) Page 2

1. Medication Therapy Management Services

We have several curated options of pharmacotherapy-based managed services available depending on your needs. Whether you require a full 360 check or a follow up review we got you. Experience Pharmacare in all its glory with individualized holistic approach to improving your quality of life. The first of its kind.

Our pharmacotherapy experts have the knowledge, skill, and license to attend to your health needs and improve every parameter possible. Different to a medical practitioner's consultation; our pharmacotherapy consultations focus on the medicine and its benefits vs risk. We put patient safety first and patient education as a close second. Helping patients and the general public understand their health levers better ultimately results in lower cases of health degradation and hospitalizations. The specified services on offer are:

- MTM 360
- MTM 180
- Water (Hydration) consultation
- Sleep Optimisation Consultation
- Royal Supplementation consultation
- Medication Detox Consult
- Smoke Cessation Consultation
- Asthma Plan consultation
- Headache & Pain consultation

Code	Full name	Description	Cost
MTM360	Medication Therapy Management full time	1h full history, review, optimisation, per system screening & plan	R1000
MTM 180	Medication Therapy Management ½ time	30 mins review, optimisation & plan	R500
WHC	Water/Hydration Consult	30 mins body check, educational sheets & calculation	Free
SOC	Sleep Optimization Consult	1h drug review and sleep hygiene design + plan	R500
RSC	Royal Supplementation Consult	1h supplement need check. Oral, GIT & groin + action plan	R500
MDC	Medication Detox Consult	1h history review, system screening & plan	R500
SCC	Smoke Cessation Consult	1h strategy, PIT, support group & plan	R500
APC	Asthma Plan Consult	1h screening + exercise + plan	R500
HPC	Headache & Pain consultation	1h of history, review, pain scaling + plan	R500

TERMS & CONDITIONS

Before you make a booking (or payment confirmation), please note the following:

- Online bookings are required to generate zoom link through the software, must be made at least 3 days before the intended consultation date. Invoice must be paid in full before confirmation.
- Face-to-face consultations will be booked at our office either on a Friday at least 3 days before.
- When you book for a consultation, an invoice for payment will be sent to you soon after. Make payment into Pharmers account (as shown below) within 24hours to confirm the appointment.
- If this payment is not received through a proof of payment email (send pdf to mtm@pharmers.co.za) then the booking will automatically be cancelled.
- Pharmers provides confidentiality in all bookings & consultations. If you desire a written & signed NDA, please request one by email.
- All consultation services typically take 1h to conduct. Please arrive at least 15mins before to ensure a smooth and timely transition between bookings.
- Whether online or in-person, all patients will have to fill out a patient detail form the first time they book. Subsequently, this will be added to a patient file and kept for further reference with confidentiality
- No medical aid or insurance claims will be processed on your behalf at this stage.
- No liability for unauthorised changes will be taken by Pharmers.
- Penalty fees for overdue payments will apply at 5% increase immediately after first date of delay

Thanks again for your interest in Pharmers. We trust that you have found excellent value in your experience with us thus far.

TO MAKE PAYMENT USE FOLLOWING DETAILS:

To pay Pharmers

FIRST NATIONAL BANK
ACCOUNT NAME: PHARMERS (PTY)
ACCOUNT NUMBER: 62835950280
ACCOUNT TYPE: CHEQUE
SWIFT CODE: FIRZAJJ
REFERENCE: SERVICE CODE / INVOICE NUMBER

The next page is a pre-consultation / pre-project questionnaire that may help you describe your need better before we begin your project. Use it if needed and return to MTM@pharmers.co.za

We're here to partner with you on this exciting new journey and wish you the best outcome.

PRE-CONSULTATION QUESTIONNAIRE (FILL IF FURTHER CLARITY IS NECESSARY)

WHERE ARE YOU BASED GEOGRAPHICALLY?	
WHAT URGENCY DO YOU HAVE?	
WHAT IS THE NATURE OF YOUR REQUEST?	
WHAT OUTCOMES/ DELIVERABLES DO YOU REQUIRE FOR SATISFACTION?	
WHAT IS YOUR END-GOAL OBJECTIVE AFTER ACQUIRING THIS SERVICE?	
WHEN DID YOUR SYMPTOMS FIRST PRESENT?	
DO YOU TAKE ANY ACUTE MEDICATION?	
DO YOU TAKE ANY OTC MEDICINES?	
DO YOU TAKE ANY CHRONIC PRESCRIPTIONS?	
DO YOU TAKE ANY TRADITIONAL MEDICINES?	
WHEN WOULD YOU LIKE TO BOOK?	
ANY OTHER REMARKS TO NOTE?	

Thanks again for your interest in Pharmers. We trust that you have found excellent value in your experience with us thus far.

Kindly familiarise yourself with our general Ts & Cs as listed on our website.

Disclaimer: Pharmers has successfully assisted hundreds of patients with their healthcare needs. We will not be held accountable of any failures or negative outcomes in treatments if you do not follow stipulated procedures or recommendations closely. Your health is primarily your responsibility. Please note that this purchased herein is non-refundable. If you are not satisfied, we may investigate the cause, adjust, or replace the service at the discretion of the consultant.



MTM SERVICE BOOKING FORM

PHARMERS CONSULTING - VARIOUS LICENSING SERVICES

Patient Details

Patient Title:		First Name:	
Last name:		profession:	
:		Email:	
Contact Number:		Physical Street Address:	
Country:		City/ Town:	
Where did you hear about MTM services:			

SERVICE CODE SELECTION (please use all codes in above info sheet that apply)

Service Code e.g., MTM360	Online ✓	In Person ✓	Apply Discount Code e.g., ED25
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NB:
This application form needs to be completed in full; Enter the correct service codes and select either online (zoom link) or in person (at Centurion office); If you have a discount code (as seen on social media or our website) please insert it in the correct (last) column

Total Services (Cost):	R	Other Comments:	
TOTAL Payment Due including 15% VAT:	R		

PAYMENT OPTIONS SELECTION (please tick box which applies)

One Full Payment	<input type="checkbox"/>	2 x 50% (only applies to group bookings)	<input type="checkbox"/>
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Please return completed form to MTM@pharmers.co.za for an invoice to be generated for your selection.

I have read and agree to all the terms and conditions	
Applicant Signature:	Date: ... / ... / 2024