

Please print off and return to:
CP Claims, NHS National Services Scotland, Practitioner Services, Gyle Square,
1 South Gyle Crescent, Edinburgh, EH12 9EB
or send by e-mail: NSS.psd-cp-claims@nhs.net

Annex A

PUBLIC HEALTH SERVICE (PHS) CLAIM FORM
TO BE COMPLETED EACH MONTH FOR WHICH PAYMENT IS CLAIMED

Contractor Name

Contractor Code

Date of service provided Month Year

I the undersigned contractor confirm that I have complied with all the requirements detailed in NHS Circular PCA(P) (2008) 17 related to the provision of the patient service element of PHS - Sexual Health and hereby claim a capitation payment for the following numbers of patients to who I have provided treatment during the month stated above.

PHS - Sexual Health Part B - Emergency Hormonal Contraception (EHC)

No. of patients treated during month of claim

I advise that the PHS – Sexual Health Part B – EHC patient service has been available during the standard contracted opening hours of this community pharmacy for the claimed month.

COUNTERFRAUD DECLARATION

I declare that the information I have provided is correct and complete. I understand that, if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I agree that any overpayments identified through the post payment verification procedure may be recovered at a future date by the Common Services Agency for the Scottish Health Service. For the purposes of payment verification, I consent to the disclosure of information from this form to and by the Common Services Agency and the Health Board on whose pharmaceutical list I am listed, as a contractor and agree to co-operate fully with all payment verification procedures.

Signature:

Name:

Company: Position:

Date.....

