PCCO Finance Officer

NHS Lothian

Pentland House

Robbs Loan

Edinburgh

EH14 1TY

E-mail to : highcostmeds@nhslothian.scot.nhs.uk

Dear NHS Lothian

I wish to apply for advanced payment of a high cost medicine.

|  |  |
| --- | --- |
| Pharmacy Contractor Code: |  |
| Pharmacy Name: |  |
| Pharmacy Address: |  |
| Medicine Prescribed (name and quantity of medicine): |  |
| Duration of treatment i.e. 2 or 3 months: |  |
| Advanced Payment Claim Value for **Total Treatment Duration:** |  |

**The full amount of this advance will be reclaimed 6 months from date of payment.**

|  |  |
| --- | --- |
| Contractor Signature: |  |
| Date: |  |

Official Use Only: