

Payment Claim Form (Brief Interventions in Alcohol) - Community Pharmacists

(Please complete this form on a monthly basis before the 7th of each month and return it to:
Consultant in Pharmaceutical Public Health, Directorate of Public Health, Kings Cross, Clepington Road, Dundee DD3 8EA)

Pharmacy Stamp

Contractor Reference

Period of Claim
From
To

Service Provided	Fee applicable (£20.00 per service)	Number of times service provided	Total Claim for period
Alcohol Brief Intervention			

Appendix 1 enclosed as evidence to support the above claim.

Authorised signatory for participating pharmacy _____ Date ____/____/____

Date contact forms verified ____/____/____

Authorised signatory for payment _____

Financial Code _____

