

**FIFE NETWORK OF SPECIALIST PALLIATIVE CARE COMMUNITY PHARMACIES  
ANNUAL RETAINER CLAIM FORM**

<b>Pharmacy Address</b>
          <b>Contractor Code:</b>

<b>Period of Claim</b>
<b>From: 1 April 2019</b>
<b>To: 31 March 2020</b>

This form should be submitted in February/March each year for the previous 12 months.

<b>Service Provided</b>	<b>Fee Applicable</b>
Annual Fee for Participating in Fife Network of Palliative Care Community Pharmacies Service	£500.00
<b>Total</b>	<b>£500.00</b>

<b>Name of Pharmacist making claim</b>		<b>Authorised Signatory for Pharmacy Services</b>	
<b>Signature or GPhC Number of Pharmacist</b>		<b>Financial Code</b>	
<b>Date</b>		<b>Date</b>	

Please submit for payment by the 5<sup>th</sup> of March each year  
email [Fife-UHB.Fifepharmacycommpharm@nhs.net](mailto:Fife-UHB.Fifepharmacycommpharm@nhs.net) or post to – Pharmacy Services, Lynebank Hospital, Halbeath Road, Dunfermline, KY11 8JH