



CHLAMYDIA SERVICE PAYMENT CLAIM FORM

Doxycycline Treatment of Uncomplicated Chlamydia Infection or NGU by voucher scheme

NB: NO PAYMENT CAN BE MADE WITHOUT THE TEXTED UNIQUE VOUCHER NUMBERS OR THE PAPER VOUCHERS

Please enter voucher codes below for treatment issued

Voucher code	Date issued	Voucher code	Date issued

Please record treatment voucher codes where treatment was not issued

Voucher Code	Reason for Exclusion/referral/refusal

Pharmacy Name and Address	Contractor Code

	Number	Total Cost
Number of consultations with treatment issued@£10 per consultation		
Number of consultations without drug supplied @ £10 per consultation		
Total Claimed		
Name of pharmacist making claim		
Signature or GPC number of pharmacist		
Date		

Please complete this form on a monthly basis and return by e-mail by 5th of each month to:
Fife.fifepharmacycommpharm@nhs.scot

OR if email unavailable return by Post along with any paper treatment vouchers to:

Sheila Dall
Pharmacy Services,
Pentland House, Lynebank Hospital
Halbeath Road, Dunfermline
KY11 4UW

For Office use Only

Authorised for payment pharmacy services by	
Date	