

Claim Form - Community Pharmacists Urgent Call Out

<i>TITLE</i>	<i>DETAILS</i>
<i>1. Name</i>	
<i>2. Brief reason for urgent call out/out of hours</i>	
<i>3. Address (where payment should be sent) Note: this is normally the Pharmacy address</i>	
<i>4. Contractor Code</i>	
<i>5. CHI number for patient and location to which medication was supplied</i>	
<i>6. Date and time of supply</i>	
<i>7. How was medication supply requested</i>	
<i>8. Flat rate fee for emergency supply in NHS Tayside</i>	£103.78
<i>9. Signature of Claimant</i>	

FOR NHS USE ONLY

<i>1.. Claim checked</i>	
<i>2.. Authorised for payment</i>	
<i>3.. Expenditure code</i>	

NOTES

1. Please send claim forms to:

*Fiona Gordon
 Primary Care Services
 Kings Cross Hospital
 Clepington Road
 DUNDEE, DD3 8EA*
2. This form can only be used to claim expenses in connection with Urgent call out to supply medication within NHS Tayside.
3. Completed forms must be returned to the above address no later than 28 days after attendance to supply.