

PHARMACY CLAIM FORM

HUMAN PAPILLOMA VIRUS (HPV) IMMUNISATION

Contractor Code:

Section A – Immunisation against HPV for the month of

Number of claims submitted
(Completed client consent forms must be enclosed for each claim)

Payment
Client consent forms must be enclosed as evidence to support every claim.

NB – Claims will be returned where Pharmacy has not enclosed the appropriate consent forms.

Claims should be submitted at the end of each month to:

Tayside Child Health Department
The Crescent
71 Lothian Crescent
Dundee
DD4 0HU

I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that my claim will be authenticated from appropriate records, and that payment will be made to my Pharmacy, which will be subject to Payment Verification. Where Practitioner Services is unable to obtain authentication, I acknowledge that the onus is on me to provide documentary evidence to support this claim.

Signed by

Date

Pharmacy Stamp

FOR OFFICE USE ONLY	
Received by Child Health Department (Date stamp)	
Input into SIRS and passed to Public Health for payment:	
Signed	Date