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:-Kimi Cowie-McCash, Personal Assistant, Directorate of Public Health, Kings Cross, Clepington Road, Dundee, DD3 8EA)

Pharmacy Stamp	Contractor Reference	Period of Claim
		From:-
		То:-

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

Appendix 1 enclosed as evidence to support the above claim.

Authorised signatory for participating pharmacy	Date//
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Date contact forms ve	rified//
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Authorised signatory for payment _____

Financial code _____

APPENDIX 1 – ALCOHOL BRIEF INTERVENTION

MONTH/YEAR _____/____

C/CODE

Male/Female 4 Digit Daily Units Weekly Units FAST Score Referred (if yes to GP or Patient Age ABI Postcode TAPS number Group Ν PH31 3 001 40-49 Μ 18 1 Ν