

**Payment Claim Form  
(Brief Interventions in Alcohol) – Community Pharmacists**

(Please complete this form on a monthly basis before the 7<sup>th</sup> 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
<b>From:-</b>  <b>To:-</b>

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Date contact forms verified \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorised signatory for payment \_\_\_\_\_

Financial code \_\_\_\_\_

