

PCCO Finance Officer  
NHS Lothian  
2<sup>nd</sup> Floor  
Waverley Gate  
2-4 Waterloo Place  
Edinburgh  
EH1 3EG  
E-mail to : [highcostmeds@nhslothian.scot.nhs.uk](mailto:highcostmeds@nhslothian.scot.nhs.uk)

Dear NHS Lothian

I wish to apply for advanced payment of a high cost medicine.

Pharmacy Contractor Code:	
Pharmacy Name:	
Pharmacy Address:	
Medicine Prescribed (name and quantity of medicine):	
Duration of treatment i.e. 2 or 3 months:	
Advanced Payment Claim Value for <b>Total Treatment Duration:</b>	

**The full amount of this advance will be reclaimed 6 months from date of payment.**

Contractor Signature:	
Date:	

Official Use Only:
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