

**COMMUNITY PHARMACY CLAIM FORM
NHS TAYSIDE IMMUNISATION SERVICE 2019**

Contractor Code:

Section A – Immunisation administered for the month of

Number of claims submitted for

Influenza Flu Immunisation for NHS Tayside Healthcare Workers	<input type="text"/>
Human Papilloma Virus (HPV) Immunisation	<input type="text"/>
Meningococcal ACWY Immunisation	<input type="text"/>
Diphtheria, tetanus and poliomyelitis Vaccine Td/IPV Immunisation	<input type="text"/>
MMR (measles, mumps, rubella)	<input type="text"/>
TOTAL	<input type="text"/>

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:

Moyra O'Shea Specialist Pharmacy Technician Vaccine Services Pharmacy, Level 5 Ninewells Hospital Dundee, DD1 9SY	Vaccine Services Received Date: Passed to Child Health/Public Health Date:
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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	
<p>Received by Child Health Data input into Scottish Immunisation Recall System (SIRS)</p> <p>Passed to Public Health for processing:</p> <p>Signed</p> <p>Date</p>	<p>Received by Public Health Department</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p align="center">Public Health Date stamp:</p> </div> <p>Passed for payment:</p> <p>Signed</p> <p>Date</p>