

Appendix D: Flu Vaccination Service Claim Form (only to be used if VMT not available)

NHS GGC COMMUNITY PHARMACY CLAIM FORM

INFLUENZA IMMUNISATION SERVICE

Contractor Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------	----------------------	----------------------	----------------------	----------------------

Section A – Immunisations administered for the month of	<input type="text"/>
Number of claims submitted for	
	Influenza vaccination TOTAL <input type="text"/>

Payment
Fee applicable as per any national remuneration package
Claims should be submitted by the 1st^h of the month to:
<i>ggc.cpdevteam@nhs.scot</i>

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 the Community Pharmacy Development Team is unable to obtain authentication, I acknowledge that the onus is on me to provide documentary evidence to support this claim.		
Signed by	<table border="1"><tr><td>Pharmacy Stamp</td></tr></table>	Pharmacy Stamp
Pharmacy Stamp		