## Appendix E: NHS Fife Travel Health Service Claim Form

**NHS FIFE COMMUNITY PHARMACY CLAIM FORM**

**Travel Health Service**

**Contractor Code:**

**Section A – Consultations for the month of**

Fee applicable £40 per consultation

|  |  |
| --- | --- |
| **Number of travel health consultations:** |  |

Completed client consent forms may be requested for the purpose of payment verification.

**Claims should be submitted by the 5th of the month to:**

[Fife.fifepharmacycommpharm@nhs.scot](mailto:Fife.fifepharmacycommpharm@nhs.scot)

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 Primary Care Contracting Organisation is unable to obtain authentication, I acknowledge that the onus is on me to provide documentary evidence to support this claim.

**Signature......................................................**

**Print name**........................................................

**Designation**.......................................................

**Date** ..................................................................

Received by Pharmacy Services Team

Passed for payment:

**Signed....................................................... Date....................................**