

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

NHSGGC COMMUNITY PHARMACY CLAIM FORM INFLUENZA IMMUNISATION PROGRAMME

Contractor Code:

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Section A – Immunisations administered for the month of

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Number of claims submitted for (enter vaccine name)

Influenza vaccination **TOTAL**

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Payment

Fee applicable as per any national remuneration package

Claims should be submitted by the 1st of the month to ggc.cpdevteam@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 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

Date

Pharmacy Stamp

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