

APPENDIX 2

Pharmacy Based Supervised Administration Programme

Quarterly Claim Form

Please fill in both pages of this claim form and send it FAO Scott Watkinson or Business Support Public Health using the contact details set out below:

| | | | | |
|--------------------------------------|----------------|----------------|----------------|----------------|
| Pharmacy Name, Address and Post Code | | | | |
| Period | Apr-Jun | Jul-Sep | Oct-Dec | Jan-Mar |
| Year | | | | |

| | |
|------------------------------|-------|
| Total No. Consultations (A) | |
| Current Price (B) | £2.20 |
| Total Amount (A) x (B) = (C) | |

All Payments will be made by the end of the month that follows each quarter, based on the submission of this claim form to Lincolnshire County Council using either of three methods stated below by the deadline dates listed below:

POST TO:

Business Support Public Health
3rd Floor
Orchard House
Orchard Street
Lincoln
LN1 1BA

FAX: FAO BUSINESS SUPPORT PUBLIC HEALTH on 01522 553031

EMAIL: BS_Public_Health@lincolnshire.gov.uk

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All claims must be submitted by the following dates for each quarter:

| Quarter Period | Deadline for Quarterly Claim Submission |
|--------------------------|---|
| April to June 2014 | 7 th July 2014 |
| July to September 2014 | 6 th October 2014 |
| October to December 2014 | 5 th January 2015 |
| January to March 2015 | 6 th April 2015 |

PLEASE NOTE THAT ANY SUBMISSIONS RECEIVED AFTER THE DEADLINES LISTED ABOVE WILL NOT BE PAID UNTIL THE FOLLOWING QUARTER.

I confirm that the information contained within this form is true and accurate to the best of my knowledge and belief. I understand that any inaccurate information submitted may result in further investigation to all returns submitted and/or the withholding of future payments.

| | |
|----------------------|--|
| Pharmacist Name | |
| Pharmacist Signature | |
| Date | |