

**Appendix 6b – Claim Form (treatment service)**

**Return to:** Chris Beyer, Arden CSU  
Westgate House  
Market Street  
Warwick  
CV34 4DE  
**Fax:** 01926 478107  
**Telephone:** 01926 293750

Month:	Year:
Please return by <b>5<sup>th</sup> day</b> of following month to the address opposite: Payments claimed on this form should relate only to one calendar month as stated above	

Date of consultation	Index number	Consultation fee (£10)	Cost of supply – azithromycin (£10)	Cost of supply – doxycycline (£10)

**Declaration**

- The consultations and supplies listed were undertaken as stated above by authorised pharmacists
- I hereby claim the stated monetary amounts as above
- I declare that information given on this form is true to the best of my knowledge
- I understand that action may be taken against me if I make an incorrect claim.
- I consent to the disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation

Pharmacy address stamp

*For accurate payments, please ensure that this stamp is legible*

**Pharmacist Signature** .....**Pharmacist Name (please print)** .....**GPhC Number** ..... **Date of declaration** .....