

FORTH VALLEY NHS BOARD

PROVISION OF COMMUNITY PHARMACY CARE HOME SERVICE

Annual Claim, Month/Year:

Pharmacy Stamp

I hereby claim payment of:

Annual Allowance – £250 *

Annual Visit to Home LESS than 25 Beds £50 *

Annual Visit to Home MORE than 25 Beds £100 *

* **(Please tick appropriate Box)**

In respect of Pharmaceutical Advice and Services provided to:

Care Home: _____

Address: _____

Number of Beds: _____

Pharmacist Name: _____

Pharmacist Signature: _____ **Date:** _____

Home Manager/Officer in Charge Signature _____

For Primary Care Contractor Services Use

TOTAL PAID _____

Authorised _____ **Date:** _____

PLEASE RETURN CLAIM FORM TO: Carol Droubay, Pharmacy Contracts Officer, Primary Care Contractor Services, NHS Forth Valley, Suite 2, Carseview House, Castle Business Park, Stirling, FK9 4SW