

Additional Pharmacy Service

Claim for Alcohol Screening & Brief Interventions Scratch Card Initiative

2016

Pharmacy Stamp

I hereby Claim £1 per patient screened and £4 per ABI delivered:

Enter month and year	Number of Scratch cards completed (=Patients screened)	Number of Brief Interventions	Number of referrals
Total			

Pharmacists Name: _____

Pharmacists Signature: _____

Date: _____

NB: Individual Contractors will be asked to provide evidence of providing the enhanced service via the data collection form

For Primary Care Contractor Services Use

Number of screens (=completed scratch cards): _____ @ £1 = _____

Number of ABI episodes: _____ @ £4 = _____

TOTAL PAID _____

Authorised _____ Date _____

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